USAID/CENTER FOR POPULATION, HEALTH AND NUTRITION

Results Review and Resource Request (R4)

April 28, 2000

Please Note:

The attached FY 2002 Results Review and Resource Request ("R4") was assembled and analyzed by the country or USAID operating unit identified on this cover page.

The R4 is a "pre-decisional" USAID document and does not reflect results stemming from formal USAID review(s) of this document.

Related document information can be obtained from:

USAID Development Experience Clearinghouse
1611 N. Kent Street, Suite 200
Arlington, VA 22209-2111
Telephone: 703/351-4006 Ext. 106
Fax: 703/351-4039
Email: docorder@dec.cdie.org
Internet: http://www.dec.org

Released on or after Oct. 1, 2002

Table of Contents

Table of Contents **3**

R4 Part I: Overview/Factors Affecting Program Performance **4**

R4 Part II Results Review by SO **9**

SSO 1 - INCREASED USE BY WOMEN AND MEN OF VOLUNTARY PRACTICES THAT CONTRIBUTE TO REDUCED FERTILITY 9
SSO 3 – INCREASED USE OF KEY CHILD HEALTH AND NUTRITION INTERVENTIONS 24
SSO 4 – INCREASED USE OF IMPROVED, EFFECTIVE, AND SUSTAINABLE RESPONSES TO REDUCE HIV TRANSMISSION AND TO MITIGATE THE IMPACT OF THE HIV/AIDS PANDEMIC 34
SSO 5 – INCREASE USE OF EFFECTIVE INTERVENTION TO REDUCE THE THREAT OF INFECTIOUS DISEASES OF MAJOR PUBLIC HEALTH IMPORTANCE 43

R4 Part III: Resource Request **52**

Financial Plan 53
Field Support *54*
Pipeline *55*
Operating Expense and Staffing 55
Overview *55*
Staffing *55*
Travel *56*
Program, Workforce and OE 57

Supplemental Information Annexes **58**

Environmental Impact 58
Success Stories 59
Updated Results Framework 63
Greater Horn of Africa 67

R4 Part I: Overview/Factors Affecting Program Performance

R4 Part I: Overview and Factors Affecting Program Performance

In partnership with its cooperating agencies and USAID missions, the Global Bureau's Population, Health and Nutrition Center (G/PHN) met or exceeded planned results and made significant contributions to achievement of Agency strategic objectives. The Center's continued strong performance stems from its focus on its three critical functions: global leadership, research and evaluation, and technical support to the field. These critical functions, expressed in the intermediate results (IRs) defined under each of the Center's five strategic support objectives (SSOs), represent the unique contribution of G/PHN to Agency performance in our sector. They define a body of technical expertise and assistance that G/PHN is able to apply to PHN program needs and opportunities in the developing world; not only in countries served by USAID, but globally.

Stabilization of world population serves U.S. national interests by contributing to global economic growth, a sustainable environment, and regional security. Similarly, protecting human health and nutrition in developing and transitional countries also directly affects public health in the United States. There is increasing evidence that poor health has a direct impact on economic development. In addition, unhealthy conditions elsewhere in the world not only increase human suffering in the countries concerned, but increase the incidence of disease and threat of epidemics which could directly affect U.S. citizens.

G/PHN's five SSOs are focused on efforts to improve public knowledge and use of highly effective health, nutrition and family planning/reproductive health services, and therefore are directly linked to attainment of Agency strategic objectives and goals. The intermediate results are indicative of specific programs and activities and allow the Center to monitor progress toward achieving its strategic support objectives.

In recent years, G/PHN has increasingly focused its reporting on results achieved with its core funds. It is, however, sometimes difficult to separate the results achieved with core funds, from those achieved with field support funding. Looking across the Center's three critical functions – research and evaluation, global leadership, and technical support suggest to the field – research and evaluation results are most clearly attributable to core funding, while results in the other critical functions fund to be shared. However, in all cases these shared results could not have been achieved without G/PHN's core funding and technical expertise.

Sustainability, program integration, and donor coordination are important crosscutting themes that have received increasing attention in the PHN Center. G/PHN programs in health sector reform have resulted in significant improvements in health policies and systems, but much remains to be done. Program sustainability also has been promoted by building host country capacity to plan and manage programs, through training of trainers, strengthening of management systems, and technical assistance to improve efficiency and cost recovery in partner agencies.

Program integration is reflected in the strategic linkages among the Center's objectives: powerful synergies between their sub-sectors strengthen the impact of all the objectives. For example, reproductive health interventions in some cases have been integrated with family planning service delivery. In development of new results packages, the PHN Center continues to look for opportunities to develop initiatives that achieve results toward common objectives across our strategic support objectives. In all cases, the Center is careful to assure that funding for integrated activities matches the intended purpose of the account source.

G/PHN has a variety of implementation mechanisms that are designed to achieve multiple SSOs. However, activities designed to achieve SSO1 results are entirely funded by DA funds. Similarly, activities that contribute to achieving the Center's other SSOs (i.e., maternal health and nutrition, child health, HIV/AIDS, and infectious diseases) are funded with CSD funds.

Coordination is being improved with multilateral and bilateral donor agencies to provide technical leadership, exchange lessons learned, and better coordinate program activities to meet urgent program needs and avoid unnecessary duplication. G/PHN's leadership and involvement in the US-Japan Common Agenda is one such example of this type of coordination. Since its inception in 1993, numerous joint missions, exchanges and discussions have formed the building blocks on which we base our current successful partnership. In addition, 1999 was a landmark year for G/PHN in that we continued the clear transition from parallel and complementary to more coordinated and collaborative activities: all of which lead to strengthening the Center's objectives. In a similar way, G/PHN plans to significantly increase its cooperation with the Bill and Melinda Gates Foundation, the Packard Foundation and DfID in the next few years.

SSO1: Increased use by women and men of voluntary practices that contribute to reduced fertility

USAID has been the leading donor for family planning in developing countries for over thirty years. Its programs have had a significant impact on fertility, helping to bring the average number of children per family in developing countries (excluding China) down from over 6 in the 1960's to less than 4 currently. More than 150 million couples are estimated still to have unmet need for family planning services, however, and the momentum of population growth requires continued global cooperation in support of family planning efforts. By improving maternal and child health and reducing fertility, voluntary family planning programs play a critical role in helping countries meet the expressed reproductive health desires and needs of their citizens and buy time to address other development challenges.

USAID's population assistance program continued to be hampered by externally imposed budget restrictions in 1999. Funding in FY1999 continued at 30% below 1995 levels, and continued to be metered out over a 12-month period. Despite these constraints, G/PHN continues to provide technical leadership and innovation across its portfolio, and performance in FY1999 generally met planned levels. For example, the modern contraceptive prevalence rate among married women (Indicator 1.0.1) increased to 37.7 percent, and among unmarried women (Indicator

1.0.2) to 18 percent. In contraceptive research, actual results fell just short of those expected: 24 leads are under development. 26 expected and four rather than five leads advanced to the next stage (Indicator 1.1.1). On average, women of reproductive age know of six methods of modern contraception (Indicator 1.4.2). These achievements are the joint results of the technical leadership and innovative approaches provided by G/PHN and successful field support- and bilaterally funded activities.

SSO2: Increased use of safe pregnancy, women's nutrition, family planning and key reproductive health interventions.

G/PHN's maternal health strategy was revised in 1997 to strengthen its focus on maternal survival. The four specific preventive and treatment interventions in the revised SSO2 for maternal survival are: 1) promotion of improved nutritional status; 2) birth preparedness; 3) treatment of complications; and 4) safe delivery, postpartum and newborn care.

Since the start of the Safe Motherhood Initiative, it has become increasingly clear that a medically trained birth attendant who is skilled in safe delivery and treatment of obstetric and newborn complications is essential for improving pregnancy outcome. Over the past five years, there has been gradual gain in the key indicator of medically trained attendance at birth. With G/PHN leadership and support in USAID PHN assisted countries, there has been an increase from 42.8 percent in 1994 to 45.7 percent in 1998 to 46.5 percent in 1999 (slightly higher than the target of 46.2 percent). However, the global figure does mask some significant regional differences. Most notably, the Africa region has suffered a slight decline in skilled attendance at birth.

G/PHN is positioned to continue providing global leadership in technical (skills training, behavior change communications) and crosscutting (policy, health financing, pharmaceutical management, quality assurance and measurement) areas that promote use of effective maternal health services. However, the static level of funding for SSO2 means that USAID and its implementing partners need to continue to look for opportunities to leverage funds and collaborate on scaling up life-saving interventions in selected countries.

SSO3: Increased use of key child health and nutrition interventions

As pointed out in last year's report, aggregate (multi-country) SSO level DHS indicators reveal that progress in the use of some interventions is inadequate to reach the World Summit Goals by the end of 2000, and is leveling off or declining in some countries in South Asia and sub-Saharan Africa. Use of ORT continued its steady increase (to two out of three episodes of diarrhea), with actually a slight apparent acceleration in the rate of increase. Exclusive breastfeeding through at least four months also continued a steady increase, but – as in past years – at a lower rate of increase than projected. Appropriate ARI care seeking remained essentially level (at about 60% of cases). Immunization also leveled off (at 42 per cent of children fully immunized).

G/PHN has stepped up its efforts to influence the larger partner organizations (e.g, World Bank and UNICEF) to recognize and address the inadequate progress in child immunizations and child nutritional status, in particular. In addition, G/PHN has worked to accelerate progress in several

new initiatives, including the VITA Initiative, the new "Global Alliance for Vaccines and Immunization," USAID's own "Boost Immunization" Initiative, and, the "Goal 2002" Initiative with PAHO to reduce mortality from ARI, diarrhea, and other childhood diseases through IMCI. G/PHN has also taken the lead in directing attention to assessing progress toward World Summit for Children goals, as a focus for advocacy for child health and nutrition.

Internally, to improve its results management, SSO3 undertook a review of its effectiveness and updated and restructured its strategic plan (see "Changes to the Management Contract"). I.R.s under this updated plan are focused on specific interventions to increase their relevance, action orientation, and clearer definition of intended results. New indicators for these new I.R.s are being negotiated, and 1999 values will serve as baseline once these are finalized.

SSO4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

The HIV/AIDS pandemic continues to expand and is reaching crisis proportions in Sub-Saharan Africa. UNAIDS (December, 1999) estimates that 49.9 million adults and children have been infected with the human immunodeficiency virus since the disease was first identified. Presently nearly 6 million new infections occur each year. Most of this increase will take place in the developing world, where 90 percent of current infections exist. In the most seriously affected countries, the HIV/AIDS epidemic reduces productivity and GNP per capita and imposes an enormous human and financial burden on health care systems. In Africa, this epidemic jeopardizes 40 years of economic and health development and has begun to affect under-five mortality rates and major economic indicators.

In response to the changing face of the epidemic, G/PHN is providing technical leadership to USAID's efforts to prevent HIV transmission and support a new focus on mitigating the disease's impact on people and their communities. For example, G/PHN is a global leader in operations research. Presently 39 studies in 19 countries seek to improve established intervention approaches, such as school-based HIV education, and STI services for high risk populations. In addition to this investment in critical research, GPHN, through the IMPACT AIDSMARK and International AIDS Alliance projects, is providing USAID Missions, National AIDS Control Programs and community based NGOs assistance and support for "state of the art" services that directly reach individuals and communities. IMPACT is now actively supporting programs in 29 countries. Activities include efforts to: reduce HIV risk behavior (16 countries); improve STI clinical services (15 countries); minimize cultural constraints for effective action (14 countries); link prevention and care at community levels (14 countries); strengthen private sector responses (17 countries), and improve information sharing, monitoring and evaluation (19 countries).

USAID is the major funder for UNAIDS which launched the International Partnership Against AIDS in Africa (IPAA), which focuses on accelerating and intensifying prevention efforts and support for those already infected in the hardest hit countries in sub-Saharan Africa. USAID, in collaboration with UNAIDS and WHO is developing the first set of comprehensive guidelines to monitor and evaluate national HIV/AIDS/STI Prevention and Control Programs. These guidelines will be disseminated at the International HIV/AIDS Conference in Durban, South

Africa in July 2000 and will become the worldwide standard for monitoring and evaluating national programs.

SSO5: Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance

Significant progress has been achieved in all four IRs and across all four technical areas of antimicrobial resistance (AMR), surveillance, malaria and tuberculosis, since this SSO was approved in mid-1998. SSO 5 team members have played critical roles in the development and launch of global initiatives and strategies, including Roll Back Malaria (RBM), STOP TB, and the development of a global strategy for addressing AMR. Close working relationships with other external players and partners have continued to be a defining element of this SSO. In addition to efforts related to RBM and STOP TB, USAID has worked closely with the Gates Foundation and the PATH Malaria Vaccine Initiative as they develop their own strategy. In surveillance, USAID staff has worked closely with counterparts at WHO and CDC, as well as others, to ensure that our new strategic approach to surveillance fits with efforts of these and other organizations. G/PHN's investments in research have also begun to lay the foundation for future implementation in the field, with progress in the development of new diagnostics, key information from AMR studies, and acceleration of malaria vaccine development.

R4 Part II Results Review by SO

SSO 1 - INCREASED USE BY WOMEN AND MEN OF VOLUNTARY PRACTICES THAT CONTRIBUTE TO REDUCED FERTILITY

Country/Organization: Center for Population, Health and Nutrition

Objective ID: 936-001-01

Objective Name: Increased use by women and men of voluntary practices that contribute to reduced fertility

---

Self Assessment: On Track

Self Assessment Narrative: G/PHN helps to ensure USAID's leadership in population program development and implementation through SSO1 activities. The PHN Center's SSO1 results and activities reflect G/PHN's comparative advantage in research and evaluation, global leadership and technical support, and recognize the close link between the Center and the Field.

Primary Link to Strategic Agency Framework: 4.1 Unintended Pregnancies Reduced
(please select only one)

Secondary Link to Strategic Agency Framework:
(select as many as you require)

- ☒ 1.1 Private Markets
- ☒ 1.3 Economic Opportunity for Poor
- ☐ 2.2 Credible Political Processes
- ☐ 2.4 Accountable Gov't Institutions
- ☐ 3.2 Higher Ed/Sustainable Development
- ☒ 4.2 Infant/Child Health/Nutrition
- ☒ 4.4 HIV/AIDS
- ☐ 5.1 Global Climate Change
- ☐ 5.3 Sustainable Urbanization/Pollution
- ☐ 5.5 Natural Resource Management
- ☐ 6.2 Urgent Needs in Time of Crisis Met
- ☐ 7.1 Responsive Assist Mechanisms Developed
- ☐ 7.3 Commit Sustainable Development Assured
- ☐ 1.2 Ag Development/Food Security
- ☐ 2.1 Rule of Law/Human Rights
- ☒ 2.3 Politically Active Civil Society
- ☒ 3.1 Access to Ed/Girl's Education
- ☐ 4.1 Unintended Pregnancies Reduced
- ☒ 4.3 Child Birth Mortality Reduced
- ☐ 4.5 Infectious Diseases Reduced
- ☐ 5.2 Biological Diversity
- ☐ 5.4 Environmentally Sound Energy
- ☐ 6.1 Impact of Crises Reduced
- ☐ 6.3 Security/Basic Institutions Reestablished
- ☐ 7.2 Program Effectiveness Improved
- ☐ 7.4 Technical/Managerial Capacity Expand

Link to U.S. National Interests: Global Issues: Environment, Population, Health

Primary Link to MPP Goals: Population

Secondary Link to MPP Goals (optional): Health

Summary of the SO:

USAID has been the leading donor for family planning (FP) in developing countries for over thirty years. The G/PHN Center has four results under its SSO1 that create a supportive environment and institutional framework for the provision of quality family planning and reproductive health (FP/RH) services and information in order to enhance couples' and individuals' ability to freely choose the number and spacing of their children. Its programs have had a significant impact on fertility, helping to reduce the average number of children per family in developing countries (excluding China) from over six in the 1960s to less than four currently. More than 150 million couples still have an unmet need for family planning services, however, population momentum requires continued global cooperation to support FP efforts. By improving maternal and child health and reducing fertility, voluntary FP programs are critical to help countries meet the expressed FP/RH desires and needs of their citizens and to buy time to address other development challenges.

Key Results:

The modern contraceptive prevalence rate (CPR) among married and umarried women--the indicators G/PHN uses to measure progress at the SSO1 level--continue to show impressive gains. CPR among married women (Indicator 1.0.1) increased to 37.7 percent, and among unmarried women (Indicator 1.0.2) to 18 percent. (N.B.: These values cannot be compared to data presented in the FY2001 R4 because the calculation methodology was changed to more accurately reflect regional diversity.) In contraceptive research, actual results fell just short of those expected: Twenty-four leads are under development vs. 26 expected and four rather than five leads advanced to the next stage (Indicator 1.1.1). On average, women of reproductive age know of six methods of modern contraception (Indicator 1.4.2). The following sections provide additional results and detail on program achievements during FY1999.

Performance and Prospects:

IR1--New and improved technologies and approaches for contraceptive methods and family planning identified, developed, tested, evaluated and disseminated. Research and evaluation efforts under this SSO focus on new and improved technologies and approaches for contraceptive methods and FP programs. The purpose is to build the scientific and technological base for successful, high-quality FP/RH programs. Activities fall into three categories: contraceptive development, operations research, and data collection and evaluation technologies. FY 1999 achievements include:

• A new and improved female condom is ready for acceptability testing and clinical trials.
• A hormone-releasing vaginal ring for breastfeeding women was approved for use in Chile.
• A novel, loose-fitting thermo-plastic male condom entered Phase III clinical trials.
• A simple checklist that assists providers in assessing whether a client is pregnant or not was successfully pilot tested in Kenya, increasing by 30% the number of new clients who leave the clinic with a FP method. This checklist is now being incorporated into the Kenyan national FP/RH program.
• Survey instruments to collect information on women's status and domestic violence have been designed and field tested. Survey data will give policymakers and program managers more insight into how these factors affect reproductive health.

During FY2000, G/PHN will devote particular attention to community and clinic-based studies of condom use as a way to prevent both transmission of sexually transmitted disease and pregnancy. Also, preliminary analysis of the 1999 FP Program Effort Scores from 100 countries will become available. These data allow for cross-national and trend analysis of FP program characteristics and their impact on contraceptive behavior.

IR2--Improved policy environment and increased global resources for family planning programs. G/PHN's policy role is to help bring reliable, timely information to the attention of policymakers and to enable local organizations to participate fully in the policy process. Through work with other donors, private voluntary organizations (PVO), and commercial sector, G/PHN plays a lead role in increasing resources for FP programs. In FY1999:

• Data and results from G/PHN supported policy analyses were used in policies, laws, and state development plans in India, Mozambique, Senegal, and the Philippines.

• Seven countries either increased their financing for FP/RH or improved resource mobilization; e.g., in Romania, FP is now included in a health insurance fee-for-service package.

• On a global scale, CARE, through its agreement with G/PHN, leveraged over $2 million from private donors to expand FP/RH services in 33 countries and John Snow, International leveraged $3.6 million from other donors for logistics assistance, complementing USAID assistance.

In FY 2000, G/PHN will competitively award a new five-year contract for policy assistance in FP, maternal health, and HIV/AIDS. The contract focuses on the design, implementation, and funding of policies and plans that promote and sustain access to quality FP/RH information and services, paying special attention to issues of youth, gender, and human rights.

IR3--Enhanced capacity for national programs to design, implement, finance and evaluate sustainable family planning programs.

IR activities help organizations self identify problems and solutions and improve management skills for FP/RH programs. FY 1999 results include:

• Understanding of logistics issues and management of logistics and procurement systems was increased in multiple countries as a result of G/PHN technical guidance and training.

• Capacity of the midwives association in Ghana to design and manage its own continuing education program was improved as a result of G/PHN technical assistance in curriculum development, training of trainers, and use of distance learning techniques.

• Curricula in evaluation methods for FP/RH programs was established at a regional university in Thailand to help institutionalize the capacity to evaluate programs.

An important shift in the way SSO1 will program its resources under this IR in future years is reflected in the design of a new Management and Leadership Results Package. This RP, to be awarded in FY 2000, will go beyond improving skills and knowledge to improving performance of programs, managers, and leaders, which will result in better managed national programs, and ultimately lead to reduced fertility and maternal mortality. Similarly, G/PHN, recognizing that FP and other health commodities often flow through a single logistics system, has designed its new logistics management RP, DELIVER, to respond to that reality. DELIVER will also be awarded in FY 2000.

IR4--Increased access to quality of cost-effectiveness of, and motivation to use family planning, breastfeeding, and selected reproductive health information and services.
IR 4 activities reflect the range of institutions involved in FP/RH service provision in the developing world, including the public, commercial, and the non-profit private sectors. FY1999 results include:
• Over 4.6 million new contraceptive users were reached in 11 countries.
• Relationships with pharmaceutical companies were established in Brazil and India, and the concept of corporate social responsibility was promoted as a rationale for private sector investment in FP/RH.
• Linkages were created between traditional service delivery organizations (e.g., Pathfinder, AVSC) and G/PHN's new PVO/NGO partners (e.g., ADRA, CARE, Save the Children) to share state-of-the-art technical information and approaches and enhance the capacity of these PVO/NGOs to provide FP/RH services and information.

In FY 2000, G/PHN will award and launch a new state-of-the-art FP/RH information and service delivery program to create alliances among, and build upon the comparative advantages of, the public, private, PVO/NGO and non-health sectors (e.g., girls education, environment, microenterprise), as well as other donors and foundations, to expand access to sustainable, quality FP/RH services through clinical and non-clinical programs.

Possible Adjustments to Plans:
The FY2000 Appropriations Act requires developing-country organizations and multilateral recipients of USAID population funds to certify that they will not engage in specific abortion-related activities with non-USAID funds. Because only $15 million may be given to non-certifying organizations, USAID may be forced to reduce funding to some organizations, jeopardizing women's access to FP information and services and resulting in more unwanted pregnancies, maternal deaths, and child deaths. Overall funding for population programs declined by $12.5 million in FY 2000, more than 30 percent below the FY 1995 level. This reduction translates to reduced core funding for SSO1 and will limit the Center's ability to meet its goals.

Other Donor Programs:
G/PHN continues to expand its collaboration with other donors and foundations. Two examples in FY1999 are successfully negotiating Japanese co-funding for the Zambia Demographic and Health Survey under the US-Japan Common Agenda, and expansion to a third Brazilian state using UNFPA funds for a client-centered service delivery model pioneered by USAID. Also impressive is that other donors and foundations are increasingly contracting directly with USAID cooperating agencies to implement FP/RH programs.

Major Contractors and Grantees:
Academy for Educational Dev., AVSC Int'l, Basic Health Management Int'l., Carolina Population Center Univ.of North Carolina, Center for Disease Control & Prevention, Cooperative for Assistance and Relief Everywhere, Deloitte Touche Tohmatsu, Eastern Virginia Medical School, Family Health Int'l., Georgetown Univ./Institute for Reproductive Health, Global Health Council, Int'l. Planned Parenthood Federation/London, Int'l. Planned Parenthood Federation/Western Hempishere, Int'l. Science & Tech.Institute, INTRAH University of North Carolina, JHPIEGO Corporation, John Snow, Inc., John Hopkins School of Public Health,

Macro Int'l, Management Science for Health, Office of Int'l.& Refugee Health/Centers for Disease Control & Prevention, Paltech, Tech., Partnership for Child Health Care, Pathfinder Int'l., Program for Appropriate Technology in Health, Public Health Institute, Save the Children, The Centre for Dev. & Pop. Activities, The Futures Group Int'l, The National Academy of Sciences, U.S. Bureau of Census, Univ. of Michigan

Performance Data Table

Objective Name: Increased use by women and men of voluntary practices that contribute to reduced fertility

Objective ID: 936-001-01

Approved: 1995-12

Country/Organization: Center for Population, Health and Nutrition

Result Name: Increased use by women and men of voluntary practices that contribute to reduced fertility

Indicator: 1.0.1 CPR (Modern), Married women

Unit of Measure: Married women of reproductive age (percent)

Source: DHS

Indicator/Description: Proportion of women of reproductive age (15-49) using or whose partner is using a "modern" contraceptive method at a particular point in time. Modern methods are condoms, Norplant, pill, IUD, injection, vaginal methods and voluntary surgical contraception.

Comments: Values are weighted averages based on available data from 54 countries.

Calculation methodology has been slightly changed. Where a country has had two surveys, the difference between the two are used to determine the expected change per year. For countries which have had only one survey, the regional average change across all countries within the region with two surveys are applied to the individual country to determine the expected change. The exception being E&E region, where the global average change is applied. In previous years' estimates, global average change was applied to all countries. Planned estimates for this indicator have also been updated beginning with 2000.

Year	Planned	Actual
1994 (B)	30.9%	NA
1995	31.9%	32.1%
1996	32.9%	32.9%
1997	33.9%	34.4%
1998	35.6%	35.5%
1999	36.7%	37.7%
2000 (T)	38.9%	
2001	40.1%	
2005 (T)	44.8%	

Performance Data Table

Objective Name: Increased use by women and men of voluntary practices that contribute to reduced fertility

Objective ID: 936-001-01

Approved: 1995-12

Country/Organization: Center for Population, Health and Nutrition

Result Name: Increased use by women and men of voluntary practices that contribute to reduced fertility

Indicator: 1.0.2 CPR (Modern)/Unmarried women

Unit of Measure: Unmarried women of reproductive age (percent)

Source: DHS

Indicator/Description: Proportion of unmarried women of reproductive age (15-49) using or whose partner is using a "modern" contraceptive method at a particular point in time. Modern methods are condoms, Norplant, pill, IUD, injection, vaginal methods and voluntary surgical contraception.

Year	Planned	Actual
1994 (B)	2.9%	NA
1995	3.1%	3.1%
1996	3.2%	3.2%
1997	9.3%	9.3%
1998	9.9%	10.0%
1999	17.5%	18.0%
2000 (T)	19.5%	
2001	21.0%	
2005 (T)	26.9%	

Comments: Values are weighed averages based on available data from 40 countries.

Calculation methodology has been slightly changed. Where a country has had two surveys, the difference between the two are used to determine the expected change per year. For countries which have had only one survey, the regional average change across all countries within the region with two surveys are applied to the individual country to determine the expected change. The exception being E&E region, where the global average change is applied. In previous years' estimates, global average change was applied to all countries. Planned estimates for this indicator have also been updated beginning with 1999.

Performance Data Table

Objective Name: Increased use by women and men of voluntary practices that contribute to reduced fertility	
Objective ID: 936-001-01	
Approved: 1995-12	Country/Organization: Center for Population, Health and Nutrition
Result Name: IR 1. 1: New and improved technologies and approaches for contraceptive methods and family planning identified, developed, evaluated, and disseminated	
Indicator: 1.1.1 # of new and current contraceptive leads/methods under development or evaluation and/or advancing to the next stage and approved by FDA	
Unit of Measure: Contraceptive leads/methods	
Source: Project documents (CONRAD, PopCouncil, FHI)	
Indicator/Description: N/A	
Comments: Categories for contraceptive products: (a) under development/evaluation, (b) advancing to the next stage, (c) approved by FDA	

Year	Planned	Actual
1994 (B)	NA	a) 37 b) 0 c) 0
1995	NA	a) 37 b) 0 c) 0
1996	a) 37 b) 5 c) 1	a) 40 b) 2 c) 0
1997	a) 40 b) 2 c) 0	a) 41 b) 7 c) 2
1998 (T)	a) 37 b) 5 c) 1	a) 28 b) 9 c) 0
1999	a) 26 b) 5 c) 0	a) 24 b) 5 c) 0
2000 (T)	a) 39 b) 5 c) 2	
2001	a) 30 b) 5 c) 2	

Performance Data Table

Objective Name: Increased use by women and men of voluntary practices that contribute to reduced fertility			
Objective ID: 936-001-01			
Approved: 1995-12	Country/Organization: Center for Population, Health and Nutrition		
Result Name: IR 1.4: Demand for, access to and quality of family planning and other selected reproductive health information and services increased			
Indicator: 1.4.2 Mean number of modern methods known by women of reproductive age			
Unit of Measure: Number of methods	Year	Planned	Actual
	1994 (B)	NA	4.6
Source: DHS	1995	4.7	4.7
Indicator/Description: Derived from sum of # of modern methods known by women ages 15-49 years divided by # of women surveyed	1996 (T)	5.1	4.9
	1997	5.2	5.2
	1998 (T)	5.5	5.8
Comments: Values are weighted averages based on available data from 37 countries Calculation methodology has been slightly changed. Where a country has had two surveys, the difference between the two are used to determine the expected change per year. For countries which have had only one survey, the regional average change across all countries within the region with two surveys are applied to the individual country to determine the expected change. The exception being E&E region, where the global average change is applied. In previous years' estimates, global average change was applied to all countries. Planned estimates for this indicator have also been updated beginning with 1999.	1999	6.1	6.1
	2000 (T)	6.4	
	2001	6.7	

SSO 2 – INCREASED USE OF KEY MATERNAL HEALTH NUTRITION INTERVENTIONS

Country/Organization: Center for Population, Health and Nutrition

Objective ID: 936-002-01

Objective Name: Increased use of key maternal health and nutrition interventions.

Self Assessment: On Track

Self Assessment Narrative: At the SSO level, the target for skilled attendance at delivery has been achieved for SSO2.

Primary Link to Strategic Agency Framework: 4.3 Child Birth Mortality Reduced
(please select only one)

Secondary Link to Strategic Agency Framework:
(select as many as you require)

- ☐ 1.1 Private Markets
- ☐ 1.2 Agricultural Development/Food Security
- ☐ 1.3 Economic Opportunity for Poor
- ☒ 2.1 Rule of Law/Human Rights
- ☐ 2.2 Credible Political Processes
- ☐ 2.3 Politically Active Civil Society
- ☒ 2.4 Accountable Gov't Institutions
- ☐ 3.1 Access to Education/Girl's Education
- ☐ 3.2 Higher Education/Sustainable Development
- ☒ 4.1 Unintended Pregnancies Reduced
- ☒ 4.2 Infant/Child Health/Nutrition
- ☐ 4.3 Child Birth Mortality Reduced
- ☐ 4.4 HIV/AIDS
- ☒ 4.5 Infectious Diseases Reduced
- ☐ 5.1 Global Climate Change
- ☐ 5.2 Biological Diversity
- ☐ 5.3 Sustainable Urbanization/Pollution
- ☐ 5.4 Environmentally Sound Energy
- ☐ 5.5 Natural Resource Management
- ☐ 6.1 Impact of Crises Reduced
- ☐ 6.2 Urgent Needs in Time of Crisis Met
- ☐ 6.3 Security/Basic Institutions Reestablished
- ☐ 7.1 Responsive Assist Mechanisms Developed
- ☒ 7.2 Program Effectiveness Improved
- ☐ 7.3 Commit Sustainable Development Assured
- ☒ 7.4 Technical/Managerial Capacity Expand

Link to U.S. National Interests: Global Issues: Environment, Population, Health

Primary Link to MPP Goals: Regional Stability

Secondary Link to MPP Goals (optional): No Secondary Linkage

Summary of the SO:
G/PHN SSO2, "Increased use of key maternal health and nutrition interventions," directly contributes to the Agency objective of "reduced deaths, nutrition insecurity, and adverse health

outcomes to women as a result of pregnancy and childbirth." Along with United Nations' bodies, the Agency has adopted "proportion of births assisted by skilled (medically-trained) attendants" as the benchmark indicator; the Agency's annual target is "proportion of births attended by medically trained personnel increased by 1%, annually on average in USAID-assisted countries with PHN programs."

Key Results:
Since the start of the Safe Motherhood Initiative, it has become increasingly clear that a medically trained birth attendant who is skilled in safe delivery and treatment of obstetric and newborn complications is essential for improving pregnancy outcome. Over the past five years, there has been gradual gain in the key indicator of medically-trained attendance at birth. In USAID PHN-assisted countries there has been an increase from 42.8% in 1994 to 45.7% in 1998 to 46.5% in 1999 (slightly higher than the target of 46.2%). However, the global figure does mask some regional differences. Most notably, the Africa region has suffered a slight decline in skilled attendance at birth.

Global Bureau contributed to these results primarily through its (1) community approaches to increase awareness about the need to access essential obstetric care, especially in the face of life threatening complications and (2) training and quality assurance programs to improve effectiveness and provide "mother-friendly" services. All results noted below were achieved through either partial or total core funding.

Research and Evaluation
The focus of SS02 research and evaluation has been on filling critical gaps in knowledge related to the design and implementation of cost-effective maternal/neonatal health programs.
• A double blind, randomized, placebo-controlled trial demonstrated significant reduction in maternal postpartum infection among women treated with low doses of vitamin A from the second trimester (Indonesia).
• The Maternal Infant Supplementary Study of the Rakai community randomized trial demonstrated that mass treatment of STDs during pregnancy reduced rates of maternal and infant STD infections and reduced rates of low birth weight, pre-term delivery and early neonatal death, did not reduce vertical transmission of HIV or maternal HIV acquisition (Uganda).
• A policy environment index, Maternal and Neonatal Performance Index (MNPI), was developed and field tested to measure overall Safe Motherhood programs in terms of political support, service-related activities, avaliability of intervention, record keeping and evaluation.

Policy
This area sets the policy environment and framework for allocation of resources.
• Standards and specifications for vitamin A and iron content of fortified foods were developed for Title II programs.
• Safe Motherhood Programming Guidelines for UNICEF regional and field offices and worldwide technical standards for Women Friendly Health Services have been completed and disseminated with USAID support.
• A technical working group for senior policy makers on best practices in providing Post Abortion Care at the primary level from 14 countries was convened.

• The Cost Estimation Strategy for reproductive health commodities was applied to stimulate policy dialogue on cost, supplies and logistics, and standards of care.
• A global White Ribbon Campaign to promote awareness about the problem of maternal mortality has been launched.

Community Mobilization
This area focuses on empowerment and culturally-appropriate approaches to effective self-care and preparation for birth.
• "Autodiagnosis," a community empowerment model which encourages community participation and incorporates local cultural elements into services, has been expanded to 513 communities and contributed to 120% increase in deliveries attended in health facilities in rural municipalities over 10 years (Bolivia).
• In a setting where 95% of the births occur in the home, information, education and communication programs in six districts have increased demand for and utilization of essential obstetric care services by 50-77% (Guatemala).
• Women who heard the innovative and very popular radio drama, "Destiny's Dairy," aired in local languages reaching 650,000 people, were more likely to recognize complications and plan for obstetric emergencies (Bolivia).

Maternal Health Services
Provision of accessible, culturally sensitive, high quality maternal health services is crucial for promoting health and nutrition and rapidly treating life-threatening obstetric complications.
• Life Saving Skills for Midwives, a prototype curiculum for obstetric and newborn care, has been translated into four languages and is being implemented in seven countries with USAID and other funding.
• After finding a 4.3% syphilis prevalence rate for women whose pregnancy ended in a live birth in Bolivia, a national campaign to control maternal and congenital syphilis was launched by the Ministry of Health and the model is being disseminated through the LAC region.
• A Family Centered Maternity Care program in Ukraine, which encourages family decision making and discourages use of unnecessary technology, resulted in cost saving for clients and fewer medical and surgical procedures with no increase in adverse outcomes and is being expanded in Russia.

Performance and Prospects:
There were no significant differences between planned and actual performance in the last year. G/PHN plans to intensify focus on priority countries with high maternal mortality and accelerate the scale-up of effective district programs to the national level. In the coming years:
• Research on the effect of vitamin A, which brought dramatic reduction of maternal mortality in Nepal, will be replicated in Bangladesh and Ghana,
• Application of the cross-national scoring index in 50 countries will stimulate considerable policy dialogue about the best way to achieve gains in maternal and neonatal health,
• Programming will include the innovative combination of traditional communication approaches with newer social mobilization activities to heighten awareness among community members and policy makers to hasten the implementation of Safe Motherhood programs; and

• Additional training centers for obstetric and neonatal care will be established and improved, and priority will be placed on improving pre-service curricula of midwives and doctors so that there is sustainable national scale-up of state-of-the-art training.

Possible Adjustments to Plans:
The SSO2 strategy strengthens USAID's focus on interventions directly related to events surrounding pregnancy and childbirth. The challenge has been to scale-up successful, cost-effective interventions to national level with limited funding. Following a management review, adjustments are being made within the SSO's portfolio to develop improved geographic focus and to assist cooperating agencies to work jointly to achieve higher levels of skilled attendance at birth. Scale-up is planned in Guatemala and Bolivia. Additionally, opportunities continue to be sought to partner with other donor agencies and multilateral organizations. Changes in funding levels and direction have the possibility to diminish or enhance program results.

Other Donor Programs:
United Nations Children's Fund (UNICEF), World Health Organization, Pan American Health Organization, The World Bank, non-governmental organizations, other bilateral donors, especially the Department for International Development and Japan International Cooperation Agency, have been traditional partners. Increased effort will be made to partner with private foundations.

Major Contractors and Grantees:
JHPIEGO Corporation, John Snow, Inc., Academy for Educational Development, Johns Hopkins University, University Research Corporation, and the World Health Organization are key partners in the areas of research, policy, behavior change and service delivery.

Performance Data Table

Objective Name: Increased use of key maternal health and nutrition interventions.	
Objective ID: 936-002-01	
Approved: March 1998	Country/Organization: G/PHN
Result Name: Increased use of key maternal health and nutrition interventions.	
Indicator: 2.0.1 Percent of recent live births attended by medically trained personnel.	

Unit of Measure: Percent	Year	Planned	Actual
Source: DHS and CDC RHS: denominator - US Bureau of the Census, BUCEN database	1998 (B)	45.7	45.7
	1999	46.2	46.5
Indicator/Description: Number of live births attended by medically trained personnel (doctors, nurses, or midwives but not trained TBAs) per 100 live births.	2000	46.6	
	2001	47.1	
	2002	47.6	
Comments: The SSO2 Strategy was revised and approved in 1998.The PMP was revised in 1999 to reflect revised SO and IRs. This indicator is similar to the SO-level indicator reported in previous years. However, baseline, targets and actuals have been updated using rolling, weighted average methodology across 49 countries. Previous planned and actual levels were weighted, yearly averages which included a limited number of countries: Bolivia; Egypt; Honduras; Indonesia and Morocco.			

Performance Data Table

Objective Name: Increased use of key maternal health and nutrition interventions.			
Objective ID: 936-002-01			
Approved: March 1998	Country/Organization: G/PHN		
Result Name: Effective and appropriate maternal health and nutrition and approaches identified, developed, evaluated and/or disseminated.			
Indicator: 2.1 Number of maternal health and nutrition interventions and approaches under development or evaluation and/or advancing to the stage of dissemination.			
Unit of Measure: Number (count) of individual research studies.	Year	Planned	Actual
Source: All cooperating and contracting agencies receiving SO2 funds.	1999 (B)	planned= 5 ongoing=29 dissemin.=25	planned= 5 ongoing=29 dissemin.=25
Indicator/Description: Number of approaches or interventions currently under study. To be counted, the activity must have a hypothesis under study and a protocol guiding the conduct and methodology of the research activity.	2000	planned= 8 ongoing=15 dissemin.=19	
Comments: The SSO2 Strategy was revised and approved in 1998. The PMP was revised in 1999 to reflect revised SO and IRs. The indicator is similar to the SO-level indicator reported in previous years. Actual equals planned in 1999 because this is the first year in which baseline data was collected from a technical mapping of cooperating agency research activities. In the baseline year of 1999, there is more research in "ongoing" and "dissemination" categories due to the ending of the 12 year maternal health flagship in the year 2000. After 2000, it is anticipated that there will be a shift toward research in earlier phases (i.e. "planned" and "ongoing" vs. "dissemination".) Targets in coming years are static since achievement will also be measured in qualitative review. FY 2001 R4 notified of revision in SSO2 Strategy and indicator	2001	planned= 8 ongoing=18 dissemin.=5	
	2002	planned= 8 ongoing=20 dissemin.=6	

Performance Data Table

Objective Name: Increased use of key maternal health and nutrition interventions.			
Objective ID: 936-002-01			
Approved: March 1998	Country/Organization: G/PHN		
Result Name: Improved policy environment for maternal health and nutrition programs.			
Indicator: 2.2 Maternal and Neonatal Program Effort Index (MNPI)			
Unit of Measure: Average composite score	Year	Planned	Actual
Source: Standard questionnaire completed by 10-25 key informants per country.	1998 *		43.3
	1999 *		43.7
Indicator/Description: The MNPI is a conposite score (0-100) derived for each country on 81 items grouped into 13 categories that assess national level of effort toward the treatment of serious preganancy conplications, access to services, maternity and neonatal protocols, and support systems such as funding, personnel, equipment, training, health education and evaluation. The composite scores for each of 50 countries with PHN activities are summed and the average score across countries is reported in the tables.	2000 (B)	full baseline from 50 countries	
	2001	TBD	
	2002	TBD	
Comments: The SSO2 Strategy was revised and approved in 1998. The PMP was revised in 1999 to reflect revised SO and IRs. The MNPI was pre-tested in 1998-1999. *Data for these years and projections are preliminary (based on 4 countries) and, therefore, no planned figures are provided. Data for all 50 countries to provide a true baseline and projected targets will be available June 2000, when target will be set for future years. Thus baseline will be revised in next year's R4. Data on this indicator will be reported every three years.			

SSO 3 – INCREASED USE OF KEY CHILD HEALTH AND NUTRITION INTERVENTIONS

Country/Organization: Center for Population, Health and Nutrition

Objective ID: 936-003-01

Objective Name: Increased use of key child health and nutrition interventions

---

Self Assessment: On Track

Self Assessment Narrative: At the I.R. level – such as development and introduction of new vaccines, technologies, and program approaches -- progress during the past year is generally on track to, or ahead of projected I.R. targets for SSO3.

Primary Link to Strategic Agency Framework: 4.2 Infant and Child Health/Nutrition
(please select only one)

Secondary Link to Strategic Agency Framework:
(select as many as you require)

- ☐ 1.1 Private Markets
- ☐ 1.2 Agricultural Development/Food Security
- ☐ 1.3 Economic Opportunity for Poor
- ☐ 2.1 Rule of Law/Human Rights
- ☐ 2.2 Credible Political Processes
- ☐ 2.3 Politically Active Civil Society
- ☒ 2.4 Accountable Gov't Institutions
- ☐ 3.1 Access to Education/Girl's Education
- ☐ 3.2 Higher Education/Sustainable Development
- ☒ 4.1 Unintended Pregnancies Reduced
- ☒ 4.2 Infant/Child Health/Nutrition
- ☒ 4.3 Child Birth Mortality Reduced
- ☒ 4.4 HIV/AIDS
- ☒ 4.5 Infectious Diseases Reduced
- ☐ 5.1 Global Climate Change
- ☐ 5.2 Biological Diversity
- ☐ 5.3 Sustainable Urbanization/Pollution
- ☐ 5.4 Environmentally Sound Energy
- ☐ 5.5 Natural Resource Management
- ☐ 6.1 Impact of Crises Reduced
- ☐ 6.2 Urgent Needs in Time of Crisis Met
- ☐ 6.3 Security/Basic Institutions Reestablished
- ☒ 7.1 Responsive Assist Mechanisms Developed
- ☒ 7.2 Program Effectiveness Improved
- ☒ 7.3 Commit Sustainable Development Assured
- ☒ 7.4 Technical/Managerial Capacity Expand

Link to U.S. National Interests: Global Issues: Environment, Population, Health

Primary Link to MPP Goals: Regional Stability

Secondary Link to MPP Goals (optional): No Secondary Linkage

Summary of the SO:
As pointed out in last year's report, aggregate (multi-country) SSO level DHS indicators reveal that progress in the use of some interventions is inadequate to reach the World Summit Goals by the end of 2000, and in some countries with weaker health care systems – especially in South Asia and sub-Saharan Africa – is leveling off or even declining. Use of ORT (Indicator 3.0.2a) – USAID's initial intervention under the original child survival "twin engines" approach -- continued its steady increase (to 2 out of 3 episodes of diarrhea), with actually a slight apparent acceleration in the rate of increase. Exclusive breastfeeding through at least four months also continued a steady increase, but – as in past years – at a lower rate of increase than projected. Appropriate ARI care seeking remained essentially level (at about 60% of cases). Immunization (Indicator 3.0.1a) – UNICEF's original "twin engine" -- also leveled off (at 42 per cent of children fully immunized), consistent with G/PHN's recent analysis of DHS data and trends reflected in UNICEF and WHO reports. (These 1999 trends partly reflect the eight specific countries whose new data were incorporated into the "rolling average," including four African countries with low or falling immunization coverage.

G/PHN has stepped up its efforts to influence the larger forces driving the trends in child health and nutrition programming. During this year, partner organizations such as UNICEF and the World Bank have acknowledged the declining trends in immunization and inadequate progress in other areas (such as nutritional status of children) that SSO3 has identified in its past reports. More positive, new initiatives were launched or stepped up to accelerate rates of progress in some areas including VITA Initiative, the new "Global Alliance for Vaccines and Immunization." USAID's own "Boost Immunization" Initiative, and, with PAHO in the Americas, the "Goal 2002" Initiative to reduce mortality from ARI, diarrhea, and other childhood diseases through IMCI, (based on the progress in the Americas to which G/PHN has made a major contribution). G/PHN has also taken the lead in directing attention to assessing progress towards World Summit for Children goals, as a focus for advocacy and commitment to child health and nutrition.

Internally, to improve its results management, SSO3 undertook a review of its effectiveness and updated and restructured its strategic plan (see "Changes to the Management Contract"). I.R.s under this updated plan are focused on specific interventions to increase their relevance, action orientation, and clearer definition of intended results. New indicators for these new I.R.s are being negotiated, and 1999 values will serve as baseline once these are finalized.

Key Results:
This section provides examples from SSO3 intervention areas to demonstrate progress made during 1999 and planned accomplishments through 2002, presented in relation to G/PHN's key functions of research and evaluation, technical leadership, and field support. They illustrate the global impact of G/PHN's contributions. Selected indicators related to these examples are presented in the accompanying data tables.

Research and Evaluation. During 1999, SSO3 reviewed its research priorities and developed a research agenda to address major constraints on progress in child health and nutrition. Under this prioritized research agenda, key research activities were completed or continued, including:

• initiating the first field trial of pneumonia vaccine to measure mortality (Indicator 3.1.1a);
• study of Hib among 10,000 children in Indonesia that found carriage rates (long argued to be non-existent) to be similar to the developed world prior to vaccine introduction;
• finding among children in New Guinea that vitamin A supplements reduced clinical malaria by 35%, and that zinc supplements reduced severe malaria by 40% and diarrhea by 20%;
• meta-analysis of additional studies of zinc supplementation, revealing 25 % reduction in ARI, 41% reduction in diarrhea, and 34% reduction in mortality among low birth weight infants;
• initiating a four-country evaluation of IMCI effectiveness, including final design, site selection, and baseline data collection for a prospective "gold standard" study in Uganda;
• completing a multi-center study documenting causes and signs of serious neonatal infection in developing countries, and developing a neonatal research agenda with partners.

These and other key research results were disseminated through presentations at international meetings, publication, symposia with such groups as universities and the National Academy of Sciences, and other means to maximize their influence on global policy and programming.

Technical Leadership. Results in this area set the agenda for child health and nutrition, develop a favorable policy environment, promote allocation of resources, and encourage participation of a broad range of partners in Child Survival programs. Results during 1999 included:
• leading a global initiative for injection safety (the Safe Injection Global Network, "SIGN");
• assessing barriers to including new vaccines in national immunization programs in four countries, ensuring that findings are integrated into GAVI investment strategies;
• with an Inter-Agency Working Group, defining the "household/community" component of IMCI, developing a structured approach for its introduction and implementation, and with PAHO launching the household/community component in five LAC countries;
• with PAHO, developing and applying a "Drug Management of Childhood Illness" (DMCI) tool to improve availability and use of IMCI drugs, training consultants to apply DMCI in other LAC countries, and, with WHO/AFRO, adapting the DMCI tool to the Africa region;
• developing infant feeding guidelines for use in high HIV/AIDS endemic areas;
• developing, field testing and implementing a "Healthy Mother/Healthy Newborn" curriculum;
• developing and testing (initially for polio) a community-based disease surveillance approach;
• providing the model for large scale QA programs funded by the World Bank in Indonesia, Niger, and Ecuador, and for national programs in Chile and Costa Rica.
• expanding social mobilization, developing a community disease detection kit, and conducting targeted studies to improve the quality of polio eradication efforts.

Field Support. In partnerships with countries and field missions, G/PHN applies its expertise to increase impact of programming, learn from country experiences, and feed back experience to other countries and to broader Agency and global approaches. Results during 1999 included:
• assisting three countries to determine the cost of fully immunizing a child and identify feasible approaches to increase the countries' contribution to their immunization programs;
• assisting USAID-supported IMCI programs in 12 countries in LAC and AFR, and regional activities with PAHO, WHO/AFRO, and UNICEF (Indicator 3.4.3);
• assisting eighteen countries in adding vitamin A capsule distribution to National Immunization Days (NIDS) campaigns, four in expanding national programs for routine periodic vitamin A

capsule distribution, and six in strengthening vitamin A fortification programs and policies (Indicator 3.4.3);
• strengthening maternal/child health and nutrition program design and monitoring/evaluation components in 80 new or on-going Title II programs in 32 countries;
• supporting national and regional behavior change/communication activities including Voice of America programming for child health, PANOS participatory radio programming on nutrition/vitamin A, and "Soul Buddies" radio programming for child health in South Africa.
• supporting Polio Eradication through NID's surveillance and intensive efforts in key countries of Africa and South Asia, including a key roles in successful NIDs in the DR Congo during internationally mediated "days of tranquility."

Performance and Prospects:
Expected Progress Through FY 2001

G/PHN will continue and accelerate work with UNICEF and other partners to coordinate, collect, analyze, and use data on progress toward the year 2000 World Summit for Children goals to develop new strategies and reinvigorate commitment for further improvement in child survival, health, and nutrition. We will also contribute directly to progress in key child health and nutrition interventions through planned results including:

• supporting key research, including continuing studies of pneumoccocal conjugate vaccine, evaluating reduced exposure to indoor air pollution to decrease incidence and severity of ARI, and additional micronutrient research (including effects of vitamin A and multi-micronutrient supplements on neonatal/infant/maternal mortality and mother-to-child transmission of HIV, and a large trial to determine the effect of zinc supplementation on child mortality;
• providing technical support to improve immunization delivery systems in five or more countries, including integrating immunization into strategies such as IMCI and developing new approaches to immunize children in hard-to-reach populations, and working closely with GAVI and other partners to introduce new vaccines into strengthened delivery systems;
• developing and supporting approaches to eradicate polio in isolated populations and areas of conflict, including increasing NGO involvement in case detection and house-to-house mop up;
• continuing roll-out of IMCI, identifying and resolving constraints to expansion within present countries, defining and operationalizing links between IMCI and Roll Back Malaria, expanding application of the DMCI approach in the Americas and Africa, finalizing and applying an inter-agency IMCI costing tool in preparation for a World Bank project, and implementing the HH/C component in at least 8 countries;
• expanding the Honduras prevention/growth promotion/treatment household and community model additional districts, and providing technical inputs to World Bank-supported replication of this approach in at least two additional countries;
• increasing vitamin A coverage through national campaigns and routine health services to ensure 80 % vitamin A capsule coverage in 5 additional countries and 50% coverage in 5 countries, while increasing the role of food companies in nutrition education campaigns;
• expanding neonatal interventions by initiating a "package" of newborn services in at least two countries, supporting several targeted, high priority studies to reduce neonatal mortality and improve case management, and communicating key neonatal interventions to field missions;
• supporting institutionalization of National Health Accounts in 18 countries; and,

• promoting behavior change/communication for child health through a global consultation on strengths, limits, and potential of major BCC approaches to health development.

Possible Adjustments to Plans:
During the last part of CY 1999, SSO3 conducted a review and update of the SSO in order to increase the relevance of the plan for operational and resource planning for reporting. The review resulted in a new organization of the SSO, with IRs now corresponding to the main technical and program areas. The SO itself remains unchanged, but new I.R.-level indicators are being developed. These indicators will be reported on in next year's R-4, with 1999 data as a baseline.

Deaths in the neonatal period constitute a large proportion (WHO estimated 32%) of all deaths in children under five years of age. With the increasing proportion of infant deaths in the neonatal period, SSO3 will take a more active role in this area to attain the greatest possible reductions in infant and under-five mortality. At this time, the priority is on research and development of approaches and tools which can be successfully piloted and scaled up. Funding for this component, which has increased slightly this year, will need to further increase substantially in the years ahead in order to achieve optimum results in reducing infant mortality. Unless total resources for child survival increases, we will need to reduce funding for other areas in forms of maternal health.

Many countries with large Vitamin A deficient populations have introduced Vitamin A capsule supplementation by linking distribution with National Immunization Days to eradicate polio. This linkage has led to high coverage rates in many countries. With the end of NIDs in sight, the challenge will be to help these countries identify and implement a cost-effective strategy to institutionalize Vitamin A supplementation within their health systems to sustain high coverage.

G/PHN programs and plans also will continue to adjust to new data and developments in the field of HIV/AIDS, especially mother-to-child transmission. Finally, G/PHN will play an active role in response to the continuing evolution of new initiatives for child survival, including GAVI and SIGN, and new support from donors such as the UN and Bill and Melinda Gates Foundations.

Other Donor Programs:
In the areas of infant and child health, USAID works in close collaboration with major dornors in the area including: UNICEF, WHO, and other United Nation organizations, non-governmental organizations, (NGOs), European donors, the US-Japanese Common Agenda, and the Bill and Melinda Gates Foundation and other U.S. private sector partners and foundations.

Major Contractors and Grantees:
ABT Associates, Academy for Educ. Dev., African Medical & Relief Foundation, Africare, Camp Dresser & McKee Int'l., Center for Human Services, Center for Disease Control & Prevention, Clapp & Mayne, Inc., Core Group, Global Health Council, Harvard Institute, for Int'l. Dev., Helen Keller Int'l., . Center for Diarrheal Disease Research Bangladesh, Int'l. Clinical Epidemiology Network, Int's Science & Tech. Institute, John Hopkins School of Public

Health, LTG Associates, Management Sciences for Health, Massachusetts Public Health Biologic Laboratories, National Cooperative Business Assoc., Office of Int'l. & Refugee Health/Centers for Disease Control and Prevention, Partnership for Child Health Care Inc., Pathfinder Int'l., Population Reference Bureau, Population Services Int'l., Program for Appropriate Tech. in Health, Save the Children, The Centre for Dev. and Population Activities, U.S. Bureau of Census, U.S. Peace Corps, U.S. Pharmacopeial Convention, Inc., UNICEF, World Health Organization

Performance Data Table

Objective Name: Increased use of key child health and nutrition interventions			
Objective ID: 936-003-01			
Approved: 1995-12	Country/Organization: Center for Population, Health and Nutrition		
Result Name: Increased use of key child health and nutrition interventions			
Indicator: IR 3.0.1a Percent of children fully immunized by age 1			
Unit of Measure: Children 12-23 months of age immunized by age 1	Year	Planned	Actual
	1994 (B)	NA	37.4%
Source: DHS	1995	NA	38.9%
Indicator/Description: Children receiving 3 doses of DPT and Polio, as well as one dose of measles before 1 year of age.	1996	NA	40.4%
	1997	43%	41.8%
	1998	43%	43.3%
Comments: Data available for 45 countries in 1999.	1999	44%	43.0%
	2000 (T)	45%	NA
	2001 (T)	46%	NA

Performance Data Table

Objective Name: Increased use of key child health and nutrition interventions	
Objective ID: 936-003-01	
Approved: 1995-12	Country/Organization: G/PHN
Result Name: Increased use of key child health and nutrition interventions	
Indicator: IR 3.0.2a: Percent of children under age five receiving ORS, recommended home fluids or increased fluids for diarrhea	

Unit of Measure: Children under five with diarrhea

Source: DHS

Indicator/Description: Proportion of all cases of diarrhea in children under 5 treated with ORS and/or recommended home fluids or increased fluids.

Comments: Data available for 49 countries in 1999.

Year	Planned	Actual
1994 (B)	NA	54.5%
1995	NA	56.7%
1996	NA	58.6%
1997	61%	60.4%
1998	62%	62.2%
1999 (T)	64%	
2000 (T)	65%	
2001 (T)	65%	

Performance Data Table

Objective Name: Increased use of key child health and nutrition interventions			
Objective ID: 936-003-01			
Approved: 1995-12	Country/Organization: Center for Population, Health and Nutrition		
Result Name: IR 3.1: New and improved cost-effective interventions developed and disseminated			
Indicator: IR 3.1.1a: Technologies evaluated: ARI conjugate vaccines (a) Hib (b) Pneumo.			
Unit of Measure: IDEA Scheme: Identified, Developed, Evaluated, Available	Year	Planned	Actual
	1994 (B)	NA	(a) D-1 (b) I-1
Source: G/PHN	1995	NA	(a) E-1 (b) I-1
Indicator/Description: ARI vaccines being developed in various combinations.	1996 (T)	(a) E-1 (b) D-1	(a) E-1 (b) D-1
Comments: The evaluation stage for the pneumo. vaccine is expected to take 4 years to complete.	1997	(a) E-1 (b) D/E-1	(a) A-1 (b) D/E-1
	1998 (T)	(a) E-1 (b) D/E-1	(a) A-1 (b) D/E-1
	1999 (T)	(a) A-1 (b) D/E-1	(a) A-1 (b) D/E-1

Performance Data Table

Objective Name: Increased use of key child health and nutrition interventions			
Objective ID: 936-003-01			
Approved: 1995-12	Country/Organization: Center for Population, Health and Nutrition		
Result Name: IR 3.4: Improved quality and availability of key child health/nutrition services			
Indicator: IR 3.4.3: Number of selected countries with program guidelines in place for: (a) micronutrient deficiencies; and (b) ICM of sick children			
Unit of Measure: Number of countries	Year	Planned	Actual
Source: (a) PHNC program records, (b) WHO	1995 (B)	NA	(a) 8 (b) 0
Indicator/Description: (a) clearly defined micronutrient implementation strategy in place, (b) ICM strategy in place	1996 (T)	(a) 11 (b) 4	(a) 12 (b) 4
Comments:	1997	(a) 13 (b) 6	(a) 12 (b) 17
	1998 (T)	(a) 17 (b) 8	(a) 16 (b) 50
	1999 (T)	(a) 19 (b) 55	(a) 23 (b) 66

SSO 4 – INCREASED USE OF IMPROVED, EFFECTIVE, AND SUSTAINABLE RESPONSES TO REDUCE HIV TRANSMISSION AND TO MITIGATE THE IMPACT OF THE HIV/AIDS PANDEMIC

Country/Organization: Center for Population, Health and Nutrition

Objective ID: 936-004-01

Objective Name: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic

---

Self Assessment: On Track

Self Assessment Narrative: G/PHN has met 1999 targets for SSO4.

Primary Link to Strategic Agency Framework: 4.4 HIV/AIDS
(please select only one)

Secondary Link to Strategic Agency Framework:
(select as many as you require)

- ☐ 1.1 Private Markets
- ☐ 1.2 Ag Development/Food Security
- ☐ 1.3 Economic Opportunity for Poor
- ☐ 2.1 Rule of Law/Human Rights
- ☐ 2.2 Credible Political Processes
- ☐ 2.3 Politically Active Civil Society
- ☐ 2.4 Accountable Gov't Institutions
- ☐ 3.1 Access to Ed/Girl's Education
- ☐ 3.2 Higher Ed/Sustainable Development
- ☐ 4.1 Unintended Pregnancies Reduced
- ☒ 4.2 Infant/Child Health/Nutrition
- ☒ 4.3 Child Birth Mortality Reduced
- ☒ 4.4 HIV/AIDS
- ☒ 4.5 Infectious Diseases Reduced
- ☐ 5.1 Global Climate Change
- ☐ 5.2 Biological Diversity
- ☐ 5.3 Sustainable Urbanization/Pollution
- ☐ 5.4 Environmentally Sound Energy
- ☐ 5.5 Natural Resource Management
- ☐ 6.1 Impact of Crises Reduced
- ☐ 6.2 Urgent Needs in Time of Crisis Met
- ☐ 6.3 Security/Basic Institutions Reestablished
- ☒ 7.1 Responsive Assist Mechanisms Developed
- ☒ 7.2 Program Effectiveness Improved
- ☒ 7.3 Commit Sustainable Development Assured
- ☒ 7.4 Technical/Managerial Capacity Expand

Link to U.S. National Interests: Global Issues: Environment, Population, Health

Primary Link to MPP Goals: Regional Stability

Secondary Link to MPP Goals (optional): No Secondary Linkage

Summary of the SO:
The HIV/AIDS pandemic continues to expand around the world and has reached crisis proportions in Sub-Saharan Africa. UNAIDS (December, 1999) estimates that 49.9 million adults and children have been infected with the human immunodeficiency virus since the disease was first identified. Presently nearly 6 million new infections occur each year, 90 percent of these in the developing world.

In the most seriously affected countries, the HIV/AIDS epidemic reduces productivity, GNP, and imposes an enormous human and financial burden on health care systems. In Africa, this epidemic jeopardizes 40 years of economic and health development and has begun to affect under-five mortality rates, life expectancy and major economic indicators. The potential political and economic destabilizing effects of HIV/AIDS are profound.

Key Results:
In response to the changing face of the pandemic, USAID's HIV/AIDS strategy is designed to both expand efforts to prevent HIV transmission and to support a new focus on mitigating the disease's impact on people and their communities. According to a recent GAO report: "Despite the continued spread of HIV/AIDS in many countries, USAID has made important contributions to the fight against HIV/AIDS. USAID-supported research helped to identify interventions proven to curb the spread of HIV/AIDS that have become the basic tools for the international response to the epidemic." (GAO Report: HIV/AIDS: USAID and U.N. Response to the Epidemic in the Developing World, page 4, July, 1998)

The accompanying Performance Data Tables provide actual and planned values for key indicators. The number of condoms distributed and the reported condom use with non-regular sex partners represent two critical intermediate indicators of program impact. The attached Performance Data Tables demonstrate signicant increased condom distribution and use in these risk events. However, the most crucial and ultimate indicators of program success are a measurable decrease in HIV prevalence in target populations (or nationally if sufficient resources are available) and increased access to effective support and care services for affected persons and communities. Per the attached Performance Data Table, for the 2002 time frame and with existing and future proposed resources, USAID hopes to slow the increasing prevalence of HIV in sub-Saharan Africa and maintain the prevalence at the existing rates in the other three regions.

Performance and Prospects:
G/PHN's strategy continues to focus on three proven approaches to HIV/AIDS prevention, each of which has had demonstrable impacts in multiple country settings:
- reducing high-risk behavior through behavioral change interventions (BCI);
- increasing demand for and access to condoms, mainly through condom social marketing (CSM) programs; and
- treating and controlling sexually transmitted infections (STIs).

At the same time, G/PHN's expanded portfolio embraces new efforts to mitigate the effect of the pandemic on individual lives and communities. The expanded program includes interventions to reduce mother-to -child HIV transmission (MTCT) and selected basic care and psychosocial support for HIV-infected individuals and their survivors, particularly orphans. G/PHN, primarily through non-governmental organizations, will strengthen the capacities of affected families and

communities to cope with the impact of HIV/AIDS in children. Since 1997, funding for care and support programs has increased to 7% of the USAID HIV/AIDS budget and will continue to increase in the future. This renewed emphasis on care and support will enhance the prevention agenda and slow the deterioration of economic and social development caused by AIDS.

In addition, the expanded program increases support of HIV/STI surveillance systems to improve our understanding of the spread of the epidemic and to allow the assessment of the impact of interventions. Innovative initiatives are now underway to perform operations research to identify "best practices"; to expand policy dialogue to include issues such as discrimination and resource allocation; to increase PVO/NGO capacity building; and to conduct targeted biomedical research. G/PHN country missions and G/PHN are working in 46 countries around the world to achieve the following results:

Research and Evaluation

During this past year, the HORIZONS project initiated 42 operations research studies and three of these analyses (stigma/discrimination and HIV counseling in the context of antenatal services) have been completed. Some of the 39 on-going studies in 19 countries address persistent challenges and questions regarding established intervention approaches, such as school-based HIV education, and STI services for high risk populations. G/PHN is supporting several operations research activities to identify the most effective models for providing the most appropriate care in resource-poor settings. An extensive training and dissemination plan will ensure that the results of these crucial studies will be incorporated into both our programs and those of the international community.

At present, MTCT causes approximately 600,000, or 10%, of the 6 million new HIV infections annually. While antiretroviral drugs—first, AZT and, most recently, Nevirapine—can greatly reduce the transmission of HIV from mother to child, the interventions are still difficult to implement in low resource settings due to both outstanding ethical and technical issues. In 1999, G/PHN devoted approximately $3 million to develop new approaches to improve and reduce the costs of MTCT interventions and thus make them increasingly accessible to women and children in the developing world.

Global Leadership

In addition to the investment in critical research, G/PHN, through the IMPACT, AIDSMARK and International AIDS Alliance projects, is providing USAID Missions, National AIDS Control Programs and community based NGOs assistance and support for "state of the art" services that directly reach individuals and communities.

IMPACT is now actively supporting programs in 29 countries. Activities include efforts to: reduce HIV risk behavior (16 countries); improve STI clinical services (15 countries); minimize cultural constraints for effective action (14 countries); link prevention and care at community levels (14 countries); strengthen private sector responses (17 countries), and improve information sharing, monitoring and evaluation (19 countries).

In addition to implementing condom social marketing programs in nine countries, the AIDSMARK Project is: (1) investigating social marketing of pre-packaged therapy kits (PPT)

for STI treatment in Asia and West Africa; (2) implementing an integrated, private sector, social marketing program in Benin which includes HIV, FP and maternal and child health products; and (3) marketing Voluntary Counseling and Testing (VCT) services for HIV-AIDS in Zimbabwe. Annual sales of condoms through the AIDSMARK project in 1999 equaled 37,869,375.

With G/PHN support, the Bureau of the Census continues to update the HIV/AIDS International Surveillance Database, which is a unique resource that is used by all international partners to track the HIV/AIDS pandemic and the impact of interventions.

USAID is a founding member and major contributor to the International HIV/AIDS Alliance, which now provides capacity building assistance to local NGOs in 13 countries. In 1999, technical and/or financial support to local NGOs increased by over 75% compared to 1998. To date, the Alliance has worked with over 650 NGOs worldwide. This year, new programs were initiated by the Alliance in Zambia and Brazil.

USAID is the major funder for UNAIDS which launched the International Partnership Against AIDS in Africa (IPAA), which focuses on accelerating and intensifying prevention efforts and support for those already infected in the hardest hit countries in sub-Saharan Africa. G/PHN, in collaboration with UNAIDS and WHO is developing the first set of comprehensive guidelines to monitor and evaluate national HIV/AIDS/STI Prevention and Control Programs. These guidelines will be disseminated at the International HIV/AIDS Conference in Durban, South Africa in July 2000 and will become the worldwide standard for monitoring and evaluating national programs.

Technical Support to the Field

Throughout the year, G/PHN staff have actively provided technical assistance to missions and regional bureaus. In addition, G/PHN continues to manage the timely implementation of the SSO4 portfolio which by the end of FY99 had received requests for assistance from more than 20 countries and all four regional bureaus.

The new SYNERGY Project (Design, Monitoring & Evaluation, Lessons Learned, Dissemination of “best practices”), awarded in April 1999, has provided technical assistance to USAID Missions (Indonesia, Guyana, Namibia, Honduras, and Brazil) and the Asia/Near East Bureau. The Project’s website, an innovative approach to disseminating “best practices”, will be operational early in 2000.

Expected Progress through FY 2002

Over the next three years (2000 – 2002), USAID plans to reach over 50 million vulnerable persons with comprehensive HIV/AIDS prevention and mitigation interventions. The following is a list of major accomplishments that G/PHN expects to achieve between now and FY 2002 toward the reduction of STI/HIV transmission:

• G/PHN will support the continuation of the Agency’s global leadership and field support in HIV/STI prevention through technical collaboration and financial support to the United Nations Programme on HIV/AIDS (UNAIDS).

• CSM projects will continue to increase demand for and use of condoms. Increases in sales are expected to continue to grow reaching more than 65 million per year by 2002. In FY 2000, the G/PHN program will commence major new CSM activities in Georgia, Azerbaijan, Romania, Kenya and Nigeria.
• Over the next two years, in 19 USAID-assisted countries, 90% of all NGOs funded through the G/PHN/HIV/AIDS/STI portfolio will have essential management systems and skilled staff persons and 85% of the Alliance-assisted NGOs will have strategic plans articulated for HIV/AIDS prevention and services.
• Through the application of local behavioral research, and through innovative use of established behavior change interventions (BCI), G/PHN expects to bring appropriate knowledge of HIV prevention methods up to 50% in 2000 and 60% in the year 2002 in HIV emphasis countries.
• By the year 2002, G/PHN will increase the proportion of people presenting with STI complaints at health facilities who are treated according to national standards to 50% in those clinical settings supported by USAID.

Possible Adjustments to Plans:
The LIFE Initiative and the additional HIV/AIDS funds provided by Congress in FY 2000 have increased the Agency's budget for HIV/AIDS by approximately 57 percent from the previous year and the levels under consideration for FY 2001 will bring the increase to 73 percent of pre-FY 2000 levels. LIFE focuses on 13 target USAID countries (12 in sub-Saharan Africa, plus India), which represent those with the most severe epidemic, the highest number of new infections, and where the potential for positive impact is the greatest. This significant increase in HIV/AIDS resources will enable USAID to mount a more intensive program effort for the core HIV/AIDS prevention activities, as well as support an expanded program which will include home and community based care and support for HIV infected persons, care of children affected by AIDS, interventions to reduce mother to child transmission, blood safety, and capacity and infrastructure development. However, these additional funds and this expanded mandate raises significant questions regarding the need for additional staff and resources in order to provide appropriate technical guidance for program implementation and to monitor and evaluate progress. The HIV/AIDS Division will hire one additional GS-14 to partially address these needs. There is the additional concern of program absorptive capacity, particularly at the level of community based NGOs with HIV/AIDS expertise.

Other Donor Programs:
USAID is the largest donor to the UNAIDS program and collaborates closely at global level to distill best practice and perform critical operations research and at country level to develop improved national strategic plans. USAID is closely collaborating with other major donors, such as the World Bank, the European Union, and the Governments of the Netherlands, United Kingdom, Sweden, Germany, Canada, and Japan , to coordinate country programs and increase their effectiveness. For example, in Ukraine, the European Union and USAID have designed a joint $4 million HIV/AIDS prevention campaign. In Brazil USAID is offering technical assistance to improve the national HIV/AIDS program which is supported by World Bank funds.

Major Contractors and Grantees:
Center for Disease Control & Prevention, Family Health International, Global Health Council, International HIV/AIDS Alliance, Joint United Nations Programme on HIV/AIDS, Population

Reference Bureau, Population Services International, Program for Appropriate Technology in Health, TvT Associates, U.S. Bureau of Census, U.S. Peace Corps, U.S. Pharmacopieal Convention, Inc.

Performance Data Table

Objective Name: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic			
Objective ID: 936-004-01			
Approved: 1997-01-10	Country/Organization: Center for Population, Health and Nutrition		
Result Name: Increased quality, availability and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV.			
Indicator: IR 4.1: Percent of select group reporting barrier method use during the most recent act of sexual intercourse with a non-regular sex partner			
Unit of Measure: Percent	Year	Planned	Actual
Source: DHS, BSS, PSI	1998 (B)	NA	M=45% F=65%
Indicator/Description: Percent of select group reporting barrier method use during the most recent act of sexual intercourse with a non-regular sex partner, among the respondents who report having had at least one non-regular partner in the past 12 months.	1999	NA	M=52% F=37%
	2000	M=55% F=70%	
	2001	M=60% F=80%	
Comments: A non-regular partner is defined as a sexual partner with whom a person has had a sexual relationship for less than 12 months Indicators are not data. They are weighted averages as available from different countries, different population samples, at different stages of the HIV-AIDs epidemic.			

Performance Data Table

Objective Name: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic			
Objective ID: 936-004-01			
Approved: 1997-01-10	Country/Organization: Center for Population, Health and Nutrition		
Result Name: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic			
Indicator: IR 4.0.0: Estimated HIV prevalence rates			
Unit of Measure: Percent	Year	Planned	Actual
Source: UNAIDS/US Bureau of Census	1997 (B)		AFR 7.41% ANE 0.31% LAC 0.60% E&E 0.14%
Indicator/Description: HIV prevalence rated in adults (15-49 years of age)			
Comments:	1999		AFR 8.0% ANE 0.36% LAC 0.66% E&E 0.14%
	2000	AFR 8.64% ANE 0.42% LAC 0.73% E&E 0.22%	
	2001	AFR 9.48% ANE 0.49% LAC 0.80% E&E 0.34%	

Performance Data Table

Objective Name: Increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic.			
Objective ID: 936-004-01			
Approved: 1997-01-10	Country/Organization: Center FOR Population, Health and Nutrition		
Result Name: Increase quality, availability and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV.			
Indicator: IR 4.1: Total Volume of Condoms Sold			
Unit of Measure: Units Sold	Year	Planned	Actual
Source: Population Services International	1998		4.4
Indicator/Description: Condoms sold in AIDSMARK CSM Project.	1999		37.9
	2000	50.3	
	2001	58.0	
Comments: FY 98 sales in 5 countries; FY 99 6 countries; FY 00 7 countries; FY 01 and 02 9 countries.	2002	65.0	

SSO 5 – INCREASE USE OF EFFECTIVE INTERVENTION TO REDUCE THE THREAT OF INFECTIOUS DISEASES OF MAJOR PUBLIC HEALTH IMPORTANCE

Country/Organization: Center for Population, Health and Nutrition

Objective ID: 936-005-01

Objective Name: Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance

---

Self Assessment: On Track

Self Assessment Narrative: . G/PHN has met and in some cases exceeded 1999 targets for SSO5.

Primary Link to Strategic Agency Framework: 4.5 Infectious Diseases Reduced
(please select only one)

Secondary Link to Strategic Agency Framework:
(select as many as you require)

- ☐ 1.1 Private Markets
- ☐ 1.2 Ag Development/Food Security
- ☐ 1.3 Economic Opportunity for Poor
- ☐ 2.1 Rule of Law/Human Rights
- ☐ 2.2 Credible Political Processes
- ☐ 2.3 Politically Active Civil Society
- ☐ 2.4 Accountable Gov't Institutions
- ☐ 3.1 Access to Ed/Girl's Education
- ☐ 3.2 Higher Ed/Sustainable Development
- ☐ 4.1 Unintended Pregnancies Reduced
- ☒ 4.2 Infant/Child Health/Nutrition
- ☐ 4.3 Child Birth Mortality Reduced
- ☐ 4.4 HIV/AIDS
- ☒ 4.5 Infectious Diseases Reduced
- ☐ 5.1 Global Climate Change
- ☐ 5.2 Biological Diversity
- ☐ 5.3 Sustainable Urbanization/Pollution
- ☐ 5.4 Environmentally Sound Energy
- ☐ 5.5 Natural Resource Management
- ☐ 6.1 Impact of Crises Reduced
- ☐ 6.2 Urgent Needs in Time of Crisis Met
- ☐ 6.3 Security/Basic Institutions Reestablished
- ☐ 7.1 Responsive Assist Mechanisms Developed
- ☒ 7.2 Program Effectiveness Improved
- ☐ 7.3 Commit Sustainable Development Assured
- ☒ 7.4 Technical/Managerial Capacity Expand

Link to U.S. National Interests: Global Issues: Environment, Population, Health

Primary Link to MPP Goals: Regional Stability

Secondary Link to MPP Goals (optional): No Secondary Linkage

Summary of the SO:

SSO5 is an important element of USAID's overall infectious disease strategy. Consistent with the components of the Agency's infectious disease strategy, the SSO has four subcomponents: antimicrobial resistance, tuberculosis, malaria and surveillance and response. In each of these technical components, activities have been designed to achieve the four intermediate results of the SSO in: 1) development and dissemination of new and improved cost-effective interventions; 2) improved policy environment at global, national and local levels; 3) enhanced knowledge of key behaviors and practices related to the prevention and management of infectious diseases; and 4) improved quality and availability of services for the prevention, control and management of infectious diseases.

Key Results:
The three indicators selected for reporting on progress for SSO5 in last year's R4 reflect the G/PHN strategic approach of combining research with global technical leadership and partnerships to advance results at the field level. With regard to a strategic research agenda, progress has either met or exceeded expectations for the development of new and improved methods or low-cost diagnostics developed and field-tested for (a) antimicrobial resistance (AMR); (b) TB; and (c) malaria.

a.) Activities have primarily focused on developing tools for understanding and monitoring AMR and drug use; improving drug treatment guidelines and drug use practices; and improving policies. While no results were expected for this indicator in 1999 for AMR, progress has been made in the development of methods to monitor in vivo drug resistance of Neisseria. gonorrhoeae, clinical treatment failures for non-severe pneumonia, and community levels of drug resistance in respiratory pathogens. Clinical trials to improve treatment guidelines and drug use practices are also well underway. Many of these studies are focusing on pathogens causing respiratory infections in children, which are becoming increasingly resistant to drugs.

b.) In tuberculosis, while no results were expected for 1999, progress has been moving forward rapidly in the development of a new method for the rapid, low-cost detection and drug susceptibility testing of Mycobacterium tuberculosis in sputum. This will have critical importance for detecting and therefore controlling the development of multi-drug resistant strains of TB – a serious and growing problem for TB control. In addition, a rapid, low-cost diagnostic test for TB is progressing well and expected to move to field trials within the next few years.

c.) In malaria, as anticipated, a rapid, low cost diagnostic for malaria for use at peripheral health facilities has been developed. Activities were initiated to develop an approach for the global introduction and programmatic integration of this tool, including a highly successful joint USAID/WHO-sponsored consultation on malaria diagnostics in October 1999. This global introduction approach can be used as a blueprint for the introduction of other low-cost diagnostics.

In addition, an entirely new process for the production of a protein malaria vaccine has been developed and human trials are scheduled. A parallel DNA malaria vaccine initiative is also ready for human trials. G/PHN has played a leading role in both of these efforts being carried out at Department of Defense facilities. G/PHN also partnered with AFR/SD to carry out efficacy and clinical trials for new multi-antimalarial drug regimens. Based on the results of

these completed trials, large-scale longitudinal trials of multi-drug therapies are ready to begin later this year in three African countries.

The principal global leadership result under SSO5 is indicated by the development and adoption of Global Action Plans for the control of antimicrobial resistance and for TB. These plans will generate increased international attention to these areas and will guide and accelerate coordinated responses from all major international partners. SSO5 team members have played, and will continue to play, critical roles in the development and launch of AMR and TB global initiatives and strategies, including STOP-TB and the development of a global strategy for addressing AMR. G/PHN is also supporting an improved policy environment for malaria through its support of the Roll Back Malaria Initiative.

a.) Targets have been met with regard to AMR. Draft versions of 11 technical reviews are now available, which have been used for the development of a draft version of the AMR Global Strategy by WHO.

b.) USAID has been instrumental in generating support for and the development of the STOP TB Initiative, which has expanded in the past year to include four components: the Global Action Plan, Global Drug Fund, Global Research Agenda, and Global Charter. This initiative brings together all aspects of TB prevention and control. All partners have endorsed this approach. USAID's crucial political and financial commitment has ensured the initiation and continuation of the project.

The third indicator, development of epidemiological technical capacity at the country level, was selected to represent progress toward strengthening country capacity for preventing and controlling infectious diseases. Over the past year, G/PHN has begun the process of refocusing its surveillance component, and as a result, this indicator has been dropped. Instead, SSO5 will report on two other comparable indicators: strengthened national and international capacity for global TB monitoring and surveillance; and number of countries collecting data in a timely manner relevant to their program needs. In 1999, targets were achieved for the first of these two indicators, and three countries or regions – southern Africa, Kazakhstan, and El Salvador – strengthened their capacity for TB monitoring either with G/PHN technical assistance, or by applying tools developed with G/PHN assistance.

Performance and Prospects:
In addition to progress on the indicators for the SSO, G/PHN staff and programs working under SSO 5 have also made major contributions to a wide range of country and regional activities. SSO 5 team members were instrumental in developing and launching a new program to track and combat malaria drug resistance along the Thai-Cambodia border. This is a tremendously important issue for stemming our ability to treat malaria world wide, and has implications for controlling mortality due to malaria in the Mekong river area as well as in other regions. SSO5 team members from G/PHN also provided critical support to the development of new infectious disease strategies and programs in the Philippines, South Africa and El Salvador for TB, and the Central Asian Republics. G/PHN programs were also key vehicles for infectious disease programs in India, the Philippines, Nepal, Bangladesh, and other countries.

In the coming years, G/PHN will continue to build on and expand partnerships, and support research and development of new methods and tools related to AMR, malaria, TB and surveillance. At the same time, there will be an increased emphasis on field implementation in the areas of AMR, TB and surveillance. For example, there will be an increased focus in AMR on the development of model programs, with G/PHN actively engaging other parts of USAID (i.e., regional bureaus and Missions) in order to include AMR interventions in on-going activities.

While a great deal has been accomplished under SSO5, there have been some important constraints stemming from inadequate staff available for SSO5, and limited mechanisms for expanding programs in the field. These constraints have meant that coordination and synergy among the technical components of the SSO have been more limited than ideal. There have also been limits on the degree to which G/PHN has been able to respond to requests from the field for assistance particularly in the areas of tuberculosis and surveillance.

Several steps have been taken which will help address these issues. Early in 2000, G/PHN was finally able to select a new direct hire Public Health Advisor who will take over full time leadership of SSO5. A full time SSO team leader will help strengthen coordination among the technical components of the SSO as well as with other SSOs and operating units. This will also facilitate G/PHN's ability to respond to the field on a broad range of issues, and keep up with emerging issues and topics.

To better respond to field requirements in the field for TB, USAID and the Stop TB consortium are working out the details of a new mechanism which will allow USAID missions and Washington significantly greater access to Stop TB partners for technical assistance to support field programs and training. A new TB advisor position has been approved and is now under recruitment.

In October, a Health and Nutrition staff member took over leadership of the surveillance working group. As a result of his efforts, G/PHN is refocusing its strategy and approach to infectious disease surveillance that both strengthens health care systems and serve the needs of more focused disease-specific interventions. Attempts to achieve this strategic focus over the past year had been unsuccessful, because of a lack of overall coordination, focus and vision.

Development is now underway of a new strategic approach that will be shared by USAID's major partners in this area, WHO and CDC. The approach will focus on building capacity at the country level; providing a common programming platform for Global Bureau, the regional bureaus and missions; coordinating resources to maximize impact; and bringing a wider range of technical expertise to bear on the problem of building sustainable health information systems.

In malaria, activities will achieve a greater strategic synergy with those of other SSOs. For example, SSO5 will support a longitudinal trial in West Africa on the efficacy of vitamin A and zinc on the reduction in malaria illness; facilitate the development of operational linkages between RBM and ongoing maternal and child health programs, such as IMCI and SafeMotherhood; and foster the development of environmental strategies for the prevention of malaria transmission. Expansion of programs at the country and subregional level will also

continue, which will have broad impact, such as those to develop standards and guidelines for addressing multi-drug resistant (MDR) malaria in SE Asia, and technical support for countries in the region threatened by MDR malaria.

Possible Adjustments to Plans:
As noted, one of the reported indicators has been replaced with two more appropriate measures of G/PHN's efforts in infectious diseases. This is part of G/PHN's refocused approach to infectious disease surveillance.

Other Donor Programs:
The progress that has been achieved is based on a dual strategy of investing G/PHN resources where strategic partnerships can be built and where resources can be leveraged. These partnerships have ensured that an effective mix of technical and programmatic capabilities are being brought to bear on addressing issues that have expanded impact of G/PHN efforts and will support their long-term sustainability. G/PHN has developed the strategic foundation for the Agency's ID programs to build strategic partnerships among US government agencies, multi-lateral donors, NGOs, other bilaterals, and USAID collaborating agencies for reducing the threat of infectious diseases. In addition, G/PHN's collaboration with the commercial sector in some areas, adds, in addition to financial clout, technical and program capacity that has the potential to complement and extend the reach of the public sector.

Major Contractors and Grantees:
WHO, CDC, INCLEN, Johns Hopkins University, Program for Appropriate Technology in Health Management Sciences For Health, Harvard University, Gorgas, IUATLD, Academy for Educational Development, Group Africa, Quality Assurance Project, Walter Reed Army Institute of Research, the Naval Medical Research Institute & Global Health Council, Camp Dresser & McKee, National Institutes of Health, U.S. Pharmacopieal Convention, Inc.

Performance Data Table

Objective Name: Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance			
Objective ID: 936-005-01			
Approved:	Country/Organization: Center for Population, Health and Nutrition		
Result Name: IR 5.1 New and improved cost-effective interventions developed, field tested and disseminated			
Indicator: IR 5.1 New and improved cost-effective interventions developed, field tested and disseminated			
Unit of Measure: Number of new methods or diagnostics reaching development and/or field testing stage (numbers not cumulative) for a) AMR, b) TB, c) Malaria	Year	Planned	Actual
	1998	a:0 b:0 c:2	C: 2
	1999	a:0 b:0 c:1	C: 1 WHO consultation held
Source: PATH reports, other project reports			
Indicator/Description: TB and AMR: new clinical, laboratory, or community-based methods or new diagnostics to detect AMR for selected diseases Malaria: Trials on the efficacy and usability of two new low-cost diagnostics.	2000	a:0 b:1 c:0	
	2001	a:1 b:1 c:1	
Comments: USAID/WHO-sponsored consultation on appropriate use of Malaria diagnostic (winter 1999) and other trials have led to plans for global introduction activities, including determination of market and development of cost analysis tools for use of new diagnostics in different settings (to be completed in winter 2000).	2002	a:1 b:1 c:0	
	2003	NA	NA
	2004	NA	NA
	2005	NA	NA
	2006	NA	NA
	2007	NA	NA

Performance Data Table

Objective Name: Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance			
Objective ID: 936-005-01			
Approved:	Country/Organization: Center for Population, Health and Nutrition		
Result Name: IR 5.2 Improved policies and increased global, national and local resources for appropriate infectious diseases interventions			
Indicator: 5.2.1 Development and adoption of a Global Action Plan for control of antimicrobial resistance; Development of the Stop TB Initiative.			
Unit of Measure: : Number of partners and regions that have endorsed the global strategy and action plan	Year	Planned	Actual
	1998		
	1999	(a) Development/ technical review of AMR strategy/action plan (b) All partners endorse TB action plan	(a) See comments (b) This result has been achieved
	2000	(a) Dissemination of policies/ guidelines	
	2001	(b) partners and all WHO regions endorse TB action plan	
	2002		
	2003	NA	NA
	2004	NA	NA
	2005	NA	NA
	2006	NA	NA
	2007	NA	NA
Source: WHO and other project/partner reporting			
Indicator/Description: : (a) AMR global strategy developed, technical reviews conducted, action plan developed and endorsed by key partners (including WHO, the World Bank, UNICEF, USAID, CDC) and global policies and guidelines disseminated. "Endorsement" means that key partners have been consulted and reached a consensus with respect to the content of the strategy and action plan. (b) The Stop TB Initiative aims to accelerate control of TB by greatly Expanding the global coalition of partners working to control the disease, pushing TB higher on the international, political and health agendas, and increase significantly the investment in TB control. There are four components: (1) Global Action Plan to address the role of agencies, organizations, and affected countries developed using a participatory, consensual design. The strategy and plan will be developed and vetted with regional partners and representatives of agencies and developing nations to ensure that the plan adequately reflects the needs and constraints of participating countries.); (2) Global drug Fund to provide universal use of TB drugs; (3) Global Research Agenda focussing on community needs, health systems research and new tools; and (4) Global Charter to catalyze and secure public agreements on specific steps to control TB.			
Comments: Development of a Global Strategy for AMR has begun. Published materials have been reviewed and the findings from ten technical reviews commissioned by the AMR group have been used to develop a first draft of the strategy document. AMR completed reviews include: economic impact of AMR; non-human use of antibiotics; interventions to improve drug use; availability and use of drug information; the role of drug rotation, reserve and combinations; nosochomial infectious; diarrheal diseases; acute respiratory infectious; malaria; and gonnorrhea.			

Performance Data Table

Objective Name: Increased use of proven interventions to reduce the threat of infectious diseases of major public health importance	
Objective ID: 926-005-01	
Approved:	Country/Organization: Center for Population, Health and Nutrition
Result Name: IR 5.2 Improved policies and increased global, national and local resources for appropriate infectious diseases interventions	
Indicator: 5.2.2 Strengthened national and international capacity for global TB monitoring and surveillance	

Unit of Measure: Number of countries or subregions within countries with improved system of recording and reporting based on international guidelines, published annually and used to analyze the global TB burden and estimate future trends. (Numbers are cumulative.)

Source:

Indicator/Description: This system will serve to monitor the global TB epidemic, individual country performances, and quantify the impact of the DOTS strategy on transmission of TB. In addition, the data will be used to improve national and international control through dissemination and action based on information gathered.

Comments:

Year	Planned	Actual
1998	NA	0
1999	3	3
2000	4	
2001	5	
2002	7	
2003	9	
2004		
2005		
2006		
2007		

Performance Data Table

Objective Name: : Increased use of proven interventions to reduce the threat of infectious disease of major public health importance			
Objective ID: 936-005-01			
Approved:	Country/Organization: G/PHN		
Result Name: : IR 5.4 Improved quality and availability of key infectious disease services			
Indicator: Number of countries which are collecting data relevant to their program needs in a timely manner.			
Unit of Measure: Number of countries	Year	Planned	Actual
Source: HPSS/INFACT reports	1998		
Indicator/Description:	1999		
	2000		0
	2001	2	
Comments: The data that will be collected is determined by the design of the program.	2002	2	
	2003		
	2004		

R4 Part III: Resource Request

PART III: RESOURCE REQUEST

1. Financial Plan

-Field Support
-Pipeline

2. Operating Expense and Staffing

-Overview
-Staffing
-Travel

PART III: RESOURCE REQUEST

Financial Plan

G/PHN requests a total of $345.819 million for FY 2002 to achieve the results described in Part II of this R4. Of this amount $213.350 million is requested from the Development Assistance (DA) account and $132.469 million from the Child Survival and Diseases Fund (CSD) account. This level is $10.0 million above the amount requested for DA funds for Population in FY 2001. The level for CSD funds is straight-lined from FY 2001. This request is the minimum needed to achieve planned results. The funds are allocated as follows:

The **$209.600 million for SSO 1**, "Increased use by women and men of voluntary practices that contribute to reduced fertility," represents an increase in SSO1 funding and will allow expansion of services that are vitally needed to save women's lives and health. Over the next decade, demand for family planning is estimated to grow by more than 50 percent. The increased funding level will allow G/PHN to provide adequate core funding to a new state-of-the-art family planning/reproductive health (FP/RH) information and service delivery program and to fund new initiatives designed to increase adolescents' access to FP/RH services and information. The proposed level is considered adequate, provided that an adequate level of funding is received from field support, including funding for contraceptives.

A total of **$15.344 million is proposed for SSO 2**, "Increased use of key maternal health and nutrition interventions. Funding for SSO 2 comes from the Child Survival and Diseases Fund account. Funding at this level is the minimum necessary to maintain the maternal health program and reach planned targets. A decrease in this level would adversely affect G/PHN's ability to target work in countries that have extremely high levels of maternal mortality--where lifetime risk of maternal death is 100 times greater than in the United States--and would severely limit the Agency's leadership role in support of ICPD+5 and World Summit for Children goals.

A total of **$47.722 million is proposed for SSO 3,** "Increased use of key child health and nutrition interventions" includes $43.972 million from the CSD account and $3.750 million from the DA account for victims of war. a decrease of $3.3 million from FY 2000. The stagnating funding levels for SSO 3 will have several deleterious effects on the child survival portfolio. With the increasing proportion of infant deaths in the first month of life, SSO 3 will be unable to invest new resources in the research and development of approaches to address neonatal health. In addition, SSO 3 will be unable to maintain the FY 2000 increase in funding for immunization activities which is needed to address the stagnating vaccination coverage rates in many African and Asian countries and to pave the way for the introduction of new vaccines. However, under the proposed funding level, continued progress can be made in micronutrients, child nutrition, and breastfeeding; the expansion of diarrheal disease and acute respiratory infection control programs; policy analysis reform and system strengthening; polio eradication; and other key initiatives.

$51.778 million is requested for SSO 4, "Increased use of improved, effective and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic."

This represents a straight line from FY 2001. The additional funding obtained in Fiscal years 2000 and 2001 from the White House ***LIFE*** initiative and through bipartisan support from Congress has significantly expanded and intensified USAID's response to the global AIDS pandemic. Annual country level budgets for HIV/AIDS activities have doubled in the LIFE emphasis countries and the Agency has increased its activities to provide care and support for HIV infected persons, for support to children affected by AIDS, and to increase access to interventions that decrease mother-to-child transmission of HIV. $51.788 million represents the same level of funding as for FY2001 for G/PHN/HN and is the minimum amount necessary to maintain adequate levels of technical assistance to our field missions, continue our essential operations research agenda, conduct data aggregation and analysis of the entire LIFE Initiative for reporting to Congress (including those activities performed by CDC/DHHS), and finally to provide essential support to UNAIDS and the seven UN cosponsors in order to increase multilateral efforts at the country level. Failure to fund at this level will seriously compromise our stated targets of reducing HIV incidence in 15-24 year olds by 10%; decreasing annual perinatal infections by 10%; providing basic care and support services to at least 75% of infected persons; and ensuring that at least 50% of households caring for children affected by AIDS will receive essential assistance.

$21.375 million is requested for SSO5, "Increased use of effective interventions to reduce the threat of infectious diseases of major public health importance." This level is straight-lined from FY 2001 and is slightly above the FY 2000 level. With these funds, G/PHN will be able to continue to partner with missions and bureaus to expand infectious disease activities at the field level. Emphasis will continue to be placed on expanding the appropriate implementation of the Directly Observed Therapy, Short Course strategy for tuberculosis prevention and control activities, particularly in high burden countries. In partnership with USAID missions and the commercial sector, G/PHN resources will be used to expand the use of insecticide treated materials for malaria control. By FY 2002, this program will be operating at peak, and is expected to save as many as 100,000 lives per year. G/PHN will also use its resources to expand the application of appropriate drug management practices to reduce the spread of antimicrobial resistance, and work with USAID missions and countries to develop systems to routinely collect and use appropriate information for action. G/PHN will continue to invest in key areas of research, including new tools to monitor and control antimicrobial resistance, improved drug therapies for malaria and tuberculosis, rapid diagnostics, and malaria vaccine. By FY 2002, field trials for at least one malaria vaccine candidate should be well underway, and testing and application of new diagnostics should also be underway

Field Support

Sustained levels of field support will continue to be critical to our ability to respond to field requirements. Our review of mission R4s will include an analysis to determine if there are changes in field support funding trends that will impact on PHN activities. Results expected during the planning period are based in part, on an assumption that the current level of field support be maintained. A decline in field support funding would reduce the results achieved, and negatively affect the impact of G/PHN activities.

Pipeline

Projects in G/PHN, on average, maintain a pipeline of less than 12 months funding. G/PHN carefully monitors pipelines through regular project oversight by CTOs and through semi-annual portfolio reviews.

Operating Expense and Staffing

Overview

G/PHN has responsibility for providing global leadership and technical support for the PHN sector Agency-wide. This requires adequate technical, program and administrative staffing to accomplish this objective. It is imperative that USDH staffing not go below the targeted on-board level for FY 2001 of 67 and that the current non-direct hire staff level of 71 be maintained. This level of staffing is considered minimal given the size of the Center's program and the need for effective oversight of the use of taxpayer funds. Reductions below these levels will seriously diminish G/PHN's ability to achieve its stated goals and objectives, and will likely require discontinuing one or more components of our program. It should also be pointed out that if tasked with any additional initiatives we would have to increase our levels of direct hire because of the requirements for signatory authority. It is also imperative that adequate OE funds be available. Therefore, an increase of $60,000 in OE funds from $316,000 to $376,000 for FY 2000 and FY 2001 is requested, including $326,000 for travel and $50,000 for the Manpower Contract.

Staffing

The PHN Center is on the verge of not being able to adequately manage our existing activities given the restrictions on USDH positions. G/PHN is responsible for managing a growing CSD budget and a number of new, highly political special initiatives, including the President's Millennium Initiative, Global Alliance for Vaccines and Immunizations (GAVI), LIFE (HIV/AIDS) Initiative, among others. Enormous amounts of staff time are consumed in liaison work with other USG agencies, Congressional staffers, and other partners to ensure that these activities are properly managed. FY 2001 may bring dramatic increases in the funds we are allocated for HIV/AIDS and perhaps TB. G/PHN recognizes the difficulties faced by the Agency to operate with reduced OE funds and staffing levels. Therefore, we are not requesting additional positions above the on-board workforce target of 67 with this resource request. It should be pointed out, however, that although this level is not optimal, we expect to be able to accomplish the results set forth in the R4 .

Non-direct hire mechanisms available to G/PHN are not adequate to meet all the needs for staffing described above. TAACS authority now for the Agency is at $11.5 million per year with restrictions on the amount of non-CSD funds that can be used. We are trying hard to respond to legitimate demand for TAACS positions in the field and regional bureaus as well as cover our

own needs. Special technical skills accessed through fellows are also critical to keeping up with demand from the field for help, especially on our newer programs such as TB, so we are continuing to give priority to missions' requests for fellows. Meanwhile, our existing staff is stretched dangerously thin and cannot be expected to simply take on additional work. While use of these special mechanisms helps us to meet critical staffing needs, they cannot take the place of direct-hire staff with signatory authority.

Travel

G/PHN will continue to need additional budgetary relief in FY 2001 and FY 2002 in order to provide adequate technical support to the field, for global leadership, and for project management. In view of current and projected budget limitations, a modest increase of $50,000 is requested for FY 2001 and FY 2002 for reasons articulated below:

--With the downsizing of regional bureau and mission staff, the Agency is looking more to Global Bureau to provide field support and technical direction, assist with transition planning and project oversight. Decreases in the travel budget will reduce the likelihood of responding to all field requests, particularly s they relate to new Agency initiatives. As in the past, we are forced to rely on non-direct hire technical staff to be responsive to Missions in the absence of resources for direct hire staff.

--G/PHN staff must attend national and international meetings and conferences, such as the International Conference on HIV/AIDS annual meetings and the Population Association of America, in order to maintain its global leadership role.

--G/PHN is assuming greater responsibility in donor coordination, by reducing duplication among donors and attempting to leverage other donor funding. Examples include the work we are doing with the US-Japan Common Agenda, the European Union, and IPPF. The Center also is required to have frequent communications with multilateral agencies such WHO, UNICEF and UNFP, and serves on a number of their executive boards.

--G/PHN must ensure project oversight for its network of over 75 Cooperating Agencies and contractors. CTOs must periodically review technical performance in the field to insure accountability and prevent vulnerability.

To ensure that the travel funding received by the Center is used most effectively in support of the Center's and the Agency's objectives, detailed travel approval guidelines were instituted last year and analyses of travel expenditures against priorities are conducted on a quarterly basis. The travel of non-direct hire staff is also being monitored to ensure that program funds expended on travel in support of the Center's programs are being used effectively.

Program, Workforce and OE

(in a separate folder named Country02R2b_data; enter data and print separately)

FY 2000 Budget Request by Program/Country

Fiscal Year: 2000 **Program/Country:** Global PHN
Approp: Various
Scenario:

S.O. # , Title		FY 2000 Request												Est. S.O. Expenditures	Est. S.O. Pipeline End of FY2002
	Bilateral/ Field Spt	Total	Agri-culture	Other Economic Growth	Children's Basic Education (*)	Other HCD	Population	Child Survival (*)	Infectious Diseases (*)	HIV/AIDS (*)	Health Promotion (**)	Environ	D/G		
SO 1:	Increased use by women and men of voluntary practices that contribute to reduced fertility.														
	Bilateral	134,250					134,250	0						98,748	46,470
	Field Spt														0
		134,250	0	0	0	0	134,250	0	0	0	0	0	0	98,748	46,470
SO 2:	Increased use of key maternal health and nutrition interventions.														
	Bilateral	15,000						12,325			2,675			1,275	2,250
	Field Spt														
		15,000	0	0	0	0	0	12,325	0	0	2,675	0	0	1,275	2,250
SO 3:	Increased us of key child health and nutrition interventions.														
	Bilateral	51,030						43,005			8,025			45,927	5,103
	Field Spt	0													
		51,030	0	0	0	0	0	43,005	0	0	8,025	0	0	45,927	5,103
SO 4:	Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pademic.														
	Bilateral	38,750								38,750				32,938	5,813
	Field Spt	0													
		38,750	0	0	0	0	0	0	0	38,750	0	0	0	32,938	5,813
SO 5:	Increased use of effective interventions to reduce the threat of infectious diseases in major public health importance.														
	Bilateral	20,330							20,330					16,264	4,066
	Field Spt	0													
		20,330	0	0	0	0	0	0	20,330	0	0	0	0	16,264	4,066
SO 6:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 7:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 8:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Bilateral		259,360	0	0	0	0	134,250	55,330	20,330	38,750	10,700	0	0	195,152	63,702
Total Field Support		0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL PROGRAM		259,360	0	0	0	0	134,250	55,330	20,330	38,750	10,700	0	0	195,152	63,702

FY 2000 Request Agency Goal Totals	
Econ Growth	0
Democracy	0
HCD	0
PHN	259,360
Environment	0
Program ICASS	0
GCC (from all Goals)	0

FY 2000 Account Distribution (DA only)	
Dev. Assist Program	138,000
Dev. Assist ICASS	
Dev. Assist Total:	138,000
CSD Program	121,360
CSD ICASS	
CSD Total:	121,360

Prepare one set of tables for each Fiscal Year (FY2000, FY2001, FY2002)
Prepare one set of tables for each appropriation Account
Tables for DA and CSD may be combined on one table.

For the DA/CSD Table, columns marked with (*) will be funded from the CSD Account. (**) Health Promotion is normally funded from the CSD Account, although amounts for Victims of War/Victims of Torture are funded from the DA/DFA Account

Note: SO3 includes $3.750 mil of DA fund for War Victims.

FY 2001 Budget Request by Program/Country

Fiscal Year: 2001 **Program/Country:** Global PHN
Approp: Various
Scenario:

S.O. # , Title		FY 2001 Request													Est. S.O. Pipeline End of FY2002
	Bilateral/ Field Spt	Total	Agri-culture	Other Economic Growth	Children's Basic Education (*)	Other HCD	Population	Child Survival (*)	Infectious Diseases (*)	HIV/AIDS (*)	Health Promotion (**)	Environ	D/G	Est. S.O. Expendi-tures	
SO 1:	Increased use by women and men of voluntary practices that contribute to reduced fertility.														
	Bilateral	199,600					199,600	0						135,728	63,872
	Field Spt														0
		199,600	0	0	0	0	199,600	0	0	0	0	0	0	135,728	63,872
SO 2:	Increased use of key maternal health and nutrition interventions.														
	Bilateral	15,344						11,508			3,836			13,042	2,302
	Field Spt														
		15,344	0	0	0	0	0	11,508	0	0	3,836	0	0	13,042	2,302
SO 3:	Increased us of key child health and nutrition interventions.														
	Bilateral DA	47,722						42,321			5,401			42,950	4,772
	Field Spt	0													
		47,722	0	0	0	0	0	42,321	0	0	5,401	0	0	42,950	4,772
SO 4:	Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pademic.														
	Bilateral	51,778								51,778				44,011	7,767
	Field Spt	0													
		51,778	0	0	0	0	0	0	0	51,778	0	0	0	44,011	7,767
SO 5:	Increased use of effective interventions to reduce the threat of infectious diseases in major public health importance.														
	Bilateral	21,375							21,375					17,100	4,275
	Field Spt	0													
		21,375	0	0	0	0	0	0	21,375	0	0	0	0	17,100	4,275
SO 6:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 7:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 8:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Bilateral		335,819	0	0	0	0	199,600	53,829	21,375	51,778	9,237	0	0	252,831	82,988
Total Field Support		0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL PROGRAM		335,819	0	0	0	0	199,600	53,829	21,375	51,778	9,237	0	0	252,831	82,988

FY 2001 Request Agency Goal Totals	
Econ Growth	0
Democracy	0
HCD	0
PHN	335,819
Environment	0
Program ICASS	0
GCC (from all Goals)	0

FY 2001 Account Distribution (DA only)	
Dev. Assist Program	203,350
Dev. Assist ICASS	
Dev. Assist Total:	203,350
CSD Program	132,469
CSD ICASS	
CSD Total:	132,469

Prepare one set of tables for each Fiscal Year (FY2000, FY2001, FY2002)
Prepare one set of tables for each appropriation Account
Tables for DA and CSD may be combined on one table.

For the DA/CSD Table, columns marked with (*) will be funded from the CSD Account.
(**) Health Promotion is normally funded from the CSD Account, although amounts for Victims of War/Victims of Torture are funded from the DA/DFA Account

FY 2002 Budget Request by Program/Country

Fiscal Year: 2002 **Program/Country:** Global PHN
Approp: Various
Scenario:

S.O. # , Title	Bilateral/ Field Spt	Total	Agri-culture	Other Economic Growth	Children's Basic Education (*)	Other HCD	Population	Child Survival (*)	Infectious Diseases (*)	HIV/AIDS (*)	Health Promotion (**)	Environ	D/G	Est. S.O. Expendi-tures	Est. S.O. Pipeline End of FY2002
		FY 2002 Request													
SO 1:	Increased use by women and men of voluntary practices that contribute to reduced fertility.														
	Bilateral	209,600					209,600	0						142,528	67,072
	Field Spt														0
		209,600	0	0	0	0	209,600	0	0	0	0	0	0	142,528	67,072
SO 2:	Increased use of key maternal health and nutrition interventions.														
	Bilateral	15,344						11,508			3,836			13,042	2,302
	Field Spt														
		15,344	0	0	0	0	0	11,508	0	0	3,836	0	0	13,042	2,302
SO 3:	Increased us of key child health and nutrition interventions.														
	Bilateral DA	47,722						42,321			5,401			42,950	4,772
	Field Spt	0													
		47,722	0	0	0	0	0	42,321	0	0	5,401	0	0	42,950	4,772
SO 4:	Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pademic.														
	Bilateral	51,778								51,778				44,011	7,767
	Field Spt	0													
		51,778	0	0	0	0	0	0	0	51,778	0	0	0	44,011	7,767
SO 5:	Increased use of effective interventions to reduce the threat of infectious diseases in major public health importance.														
	Bilateral	21,375							21,375					17,100	4,275
	Field Spt	0													
		21,375	0	0	0	0	0	0	21,375	0	0	0	0	17,100	4,275
SO 6:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 7:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 8:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Bilateral		345,819	0	0	0	0	209,600	53,829	21,375	51,778	9,237	0	0	259,631	86,188
Total Field Support		0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL PROGRAM		345,819	0	0	0	0	209,600	53,829	21,375	51,778	9,237	0	0	259,631	86,188

FY 2002 Request Agency Goal Totals	
Econ Growth	0
Democracy	0
HCD	0
PHN	345,819
Environment	0
Program ICASS	0

FY 2002 Account Distribution (DA only)	
Dev. Assist Program	213,350
Dev. Assist ICASS	
Dev. Assist Total:	213,350
CSD Program	132,469
CSD ICASS	
CSD Total:	132,469

Prepare one set of tables for each Fiscal Year (FY2000, FY2001, FY2002)
Prepare one set of tables for each appropriation Account
Tables for DA and CSD may be combined on one table.

For the DA/CSD Table, columns marked with (*) will be funded from the CSD Account.
(**) Health Promotion is normally funded from the CSD Account, although amounts for Victims of War/Victims of Torture are funded from the DA/DFA Account

Org___G/PHN_____ End of year On-Board **FY 2000 Estimate**	SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2	Total SO/SpO	Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con-tract	Legal	All Other	Total Mgmt.	Total Staff
OE Funded: 1/																
U.S. Direct Hire	18.5	5.5	6	6.5	2.5			39	11.5					16.5	28	67
Other U.S. Citizens								0							0	0
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0							0	0
Subtotal	18.5	5.5	6	6.5	2.5	0	0	39	11.5	0	0	0	0	16.5	28	67
Program Funded 1/																
U.S. Citizens	1			1.5	1.5			4						1	1	5
FSNs/TCNs								0							0	0
Subtotal	1	0	0	1.5	1.5	0	0	4	0	0	0	0	0	1	1	5
Total Direct Workforce	19.5	5.5	6	8	4	0	0	43	11.5	0	0	0	0	17.5	29	72
TAACS	4	3	6.5	6	3.5			23						1	1	24
Fellows	26	2	3	6.5	5.5			43						4	4	47
IDIs								0							0	0
Subtotal	30	5	9.5	12.5	9	0	0	66	0	0	0	0	0	5	5	71
TOTAL WORKFORCE	49.5	10.5	15.5	20.5	13	0	0	109	11.5	0	0	0	0	22.5	34	143

Org_____G/PHN_____ End of year On-Board **FY 2001 Target**	SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2	Total SO/SpO	Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con-tract	Legal	All Other	Total Mgmt.	Total Staff
OE Funded: 1/																
U.S. Direct Hire	18.5	5.5	6	6.5	2.5			39	11.5					16.5	28	67
Other U.S. Citizens								0							0	0
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0							0	0
Subtotal	18.5	5.5	6	6.5	2.5	0	0	39	11.5	0	0	0	0	16.5	28	67
Program Funded 1/																
U.S. Citizens	1			1.5	1.5			4						1	1	5
FSNs/TCNs								0							0	0
Subtotal	1	0	0	1.5	1.5	0	0	4	0	0	0	0	0	1	1	5
Total Direct Workforce	19.5	5.5	6	8	4	0	0	43	11.5	0	0	0	0	17.5	29	72
TAACS	4	3	6.5	6	3.5			23						1	1	24
Fellows	25	2	3	6.5	5.5			42						4	4	46
IDIs								0							0	0
Subtotal	29	5	9.5	12.5	9	0	0	65	0	0	0	0	0	5	5	70
TOTAL WORKFORCE	48.5	10.5	15.5	20.5	13	0	0	108	11.5	0	0	0	0	22.5	34	142

Org_____ End of year On-Board **FY 2002 Target**	SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2	Total SO/SpO Staff	Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con-tract	Legal	All Other	Total Mgmt.	Total Staff
OE Funded: 1/																
U.S. Direct Hire	18.5	5.5	6	6.5	2.5			39	11.5					16.5	28	67
Other U.S. Citizens								0							0	0
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0							0	0
Subtotal	18.5	5.5	6	6.5	2.5	0	0	39	11.5	0	0	0	0	16.5	28	67
Program Funded 1/																
U.S. Citizens	1			1.5	1.5			4						1	1	5
FSNs/TCNs								0							0	0
Subtotal	1	0	0	1.5	1.5	0	0	4	0	0	0	0	0	1	1	5
Total Direct Workforce	19.5	5.5	6	8	4	0	0	43	11.5	0	0	0	0	17.5	29	72
TAACS	4	3	6.5	6	3.5			23						1	1	24
Fellows	25	2	3	6.5	5.5			42						4	4	46
IDIs								0							0	0
Subtotal	29	5	9.5	12.5	9	0	0	65	0	0	0	0	0	5	5	70
TOTAL WORKFORCE	48.5	10.5	15.5	20.5	13	0	0	108	11.5	0	0	0	0	22.5	34	142

USDH Staffing Requirements by Backstop, FY 2000 - FY 2003

Mission:	Global Bureau - Population Health and Nutrition

Functional Backstop (BS)	Number of USDH Employees in Backstop in:			
	FY 2000	FY 2001	FY 2002	FY 2003
Senior Management				
SMG - 01	5	5	5	5
Program Management				
Program Mgt - 02	18	18	18	18
Project Dvpm Officer - 94				
Support Management				
EXO - 03	1	1	1	1
Controller - 04				
Legal - 85				
Commodity Mgt. - 92	1	1	1	1
Contract Mgt. - 93				
Secretary - 05 & 07	4	4	4	4
Sector Management				
Agriculture - 10 & 14	2	2	2	2
Economics - 11	2	2	2	2
Democracy - 12				
Food for Peace - 15				
Private Enterprise - 21				
Engineering - 25				
Environment - 40 & 75	3	3	3	3
Health/Pop. - 50	30	30	30	30
Education - 60	1	1	1	1
General Dvpm. - 12*****				
RUDO, UE-funded - 40				
Total	67	67	67	67

***GDO - 12**: for the rare case where an officer manages activities in several technical areas, none of which predominate, e.g., the officer manages Democracy, Health, and Environment activities that are about equal. An officer who manages primarily Health activities with some Democracy and Environment activities would be a Health Officer, BS 50.

remaining **IDIs**: list under the Functional Backstop for the work they do.

Please e-mail this worksheet in Excel to: Maribeth Zankowski@HR.PPIM@aidw as well as include it with your R4 submission.

Office/Bureau: WASHINGTON OE BY RESOURCE CATEGORY

OC	Resource Category Title	FY 2000 Estimate	FY 2001 Target	FY 2002 Target
11.8	**Special personal services payments**	Do not enter data on this line.		
	IPA/Details-In/PASAs/RSSAs Salaries			
	Subtotal OC 11.8	0.0	0.0	0.0
12.1	**Personnel Benefits**			
	IPA/Details-In/PASAs/RSSAs Salaries			
	Subtotal OC 12.1	0.0	0.0	0.0
21.0	**Travel and transportation of persons**	Do not enter data on this line.		
	Training Travel			
	Operational Travel	Do not enter data on this line.		
	Site Visits - Headquarters Personnel	179.4	229.4	229.4
	Site Visits - Mission Personnel			
	Conferences/Seminars/Meetings/Retreats	96.6	96.6	96.6
	Assessment Travel			
	Impact Evaluation Travel			
	Disaster Travel (to respond to specific disasters)			
	Recruitment Travel			
	Other Operational Travel			
	Subtotal OC 21.0	276.0	326.0	326.0
23.3	**Communications, Utilities, and Miscellaneous Charges**	Do not enter data on this line.		
	Commercial Time Sharing			
	Subtotal OC 23.3	0.0	0.0	0.0
24.0	**Printing & Reproduction**	Do not enter data on this line.		
	Subscriptions & Publications			
	Subtotal OC 24.0	0.0	0.0	0.0
25.1	**Advisory and assistance services**	Do not enter data on this line.		
	Studies, Analyses, & Evaluations			
	Management & Professional Support Services			
	Engineering & Technical Services			
	Subtotal OC 25.1	0.0	0.0	0.0
25.2	**Other services**	Do not enter data on this line.		
	Non-Federal Audits			
	Grievances/Investigations			
	Manpower Contracts	40.0	50.0	50.0
	Other Miscellaneous Services			
	Staff training contracts			
	Subtotal OC 25.2	40.0	50.0	50.0
25.3	**Purchase of goods and services from Government accounts**	Do not enter data on this line.		
	DCAA Audits			
	HHS Audits			
	All Other Federal Audits			
	Reimbursements to Other USAID Accounts			
	All Other Services from other Gov't. Agencies			
	Subtotal OC 25.3	0.0	0.0	0.0
25.7	**Operation & Maintenance of Equipment & Storage**			
	Subtotal OC 25.7	0.0	0.0	0.0
25.8	**Subsistance and support of persons (contract or Gov't.)**			
	Subtotal OC 25.8	0.0	0.0	0.0
26.0	**Supplies and Materials**			
	Subtotal OC 26.0	0.0	0.0	0.0
31.0	**Equipment**			
	ADP Software Purchases			
	ADP Hardware Purchases			
	Subtotal OC 31.0	0.0	0.0	0.0
	TOTAL BUDGET	316.0	376.0	376.0

Supplemental Information Annexes

Environmental Impact

INFORMATION ANNEX
TOPIC: ENVIRONMENTAL IMPACT

A. The G/PHN Program qualifies for a Categorical Exclusion pursuant to 22 CFR 2l6.2.(C) (2) (viii) states that: "Programs involving nutrition, health care or population and family planning services, except to the extent designed to include activities directly affecting the environment (such as construction of facilities, water supply systems, waste water treatment, etc.)," generally do not require an Initial Environmental Examination, Environmental Assessment and Environmental Impact Statement. However, during the design stage of G/PHN Results Packages, each SSO/RP Team analyzes the impact of proposed activities on the environment and monitors them to ensure compliance with the criteria for a Categorical Exclusion. An Environmental Determination signed by the Global Bureau Environmental Officer is included with each Results Package approval.

During FY 2000, PHN plans to request approval from the Bureau Environmental Officer for the following Results Packages:

--DELIVER Health Logistics Management RP (936-3089)
--Management Leadership Development RP (936-3099)
--Displaced Children/Orphans Fund/War Victims Fund (DCOF/WVF) RP (936-3102)
--Health Policy & System Strengthening RP (HPSS) (936-3104)

B. All G/PHN activities are in compliance with their Categorical Exclusion.

INFORMATION ANNEX TOPIC:

Success Stories

SSO 2

A Step Forward on the Pathway to Maternal and Perinatal Survival:
Guatemala's MotherCare Project

Guatemala has a Maternal Mortality Ratio of 248 per 100,000 live births, the third highest in the Western Hemisphere. Yet over the past four years, Guatemala has made a major step forward on the pathway to survival for women and newborns in both its coverage and quality of Essential Obstetric Care (EOC):

Coverage of Essential Obstetric Care

- In rural departments where use of EOC facilities for delivery is reported as low as five percent, **Hospitals in project areas have witnessed increases in use rates of 50 to 77 percent.**

- **Met Need has doubled in project area hospitals.** A greater proportion of women having complications seeks care.

- **Equity** has improved through **increased use of EOC services by women with little or no education and those who are indigenous.**

Quality of Essential Obstetric Care

- **The confidence and skills of providers to perform high quality maternal and newborn care have significantly improved.** This effect of training continues more than two years after completion of the training course.

- Providers who have received training and the facility directors (both medical and nursing) report **an improved attitude toward providing care and working in a team, as well as providers' enhanced ability to recognize problems early and to intervene skillfully.**

The barriers to care in Guatemala are formidable. Cultural and language differences among the Ladinos and the indigenous peoples, who make up approximately half the population, and a civil war of 36 years that ended only in 1996, have accentuated the standard obstacles to accessing formal care (e.g., costs, distance, gender preferences, and concerns for privacy). Both traditional birth attendants, who provide most of the birthing care, and rural women, primarily indigenous women, express a fear of the hospitals and speak of the shame they feel in going there. Skilled staff is not always available to respond, even when their services are sought. The lack of professional nurses, doctors and specialists in the country has meant that all staff rotates within a hospital, and only one

doctor (a general surgeon) may be attending in the hospital at night. Health centers and posts, located closer to women, are not always open and not usually equipped to manage births.

First Lady Hillary Rodham Clinton put her finger on many of these issues in her November 1998 visit to the MotherCare/Guatemala project: "The fact that the Guatemala peace accords set a goal to reduce maternal and infant mortality rates by 50 percent over the next five years is a real testament to the understanding of the leaders who devised the peace accords.…It is one thing to end armed combat and persuade combatants to put down their weapons, but it is an entirely different thing to make peace meaningful in the lives of people. And to a family, the loss of a member through combat or the loss of a mother to unsafe delivery is the same kind of loss."

"You are not only improving the health of women and children, but you are showing a sensitivity to your patients, ensuring that the doctors, nurses and midwives (TBAs) who care for them can speak to them in their own language. By showing sensitivity to their customs and understandings, you are also building trust between different communities. And the most important element of the success of the peace accords, I believe, is the development of trust."

In this climate of fear and suspicion, the MotherCare Project, directed by Dr. Elizabeth de Bocaletti, aimed to bring the communities and health facilities together to save the lives of women and newborns. Recognition of life-threatening complications and their danger signs and where to go for help were emphasized during TBA training, as well as broadcast by radio to the communities. They also formed the basis for counseling during prenatal care, and were a major focus in the discussions with women's groups. Tutorial training for doctors, nurses and nurse auxiliaries strengthened their counseling and clinical skills. Monthly visits by a specialist provided the trainees with continued opportunity to sustain these skills. And sensitizing clinical and non-clinical hospital staff to the local birthing traditions began to shift the facility balance toward a more "woman-friendly" hospital approach. Community maternities, set up by the community and staffed by rotating physicians or auxiliary nurses, began the process of demystifying traditional birthing practices for the medical staff and acquainting families with formal health services.

This $1.3 million MotherCare/USAID effort, in support of the Guatemala Ministry of Health, was augmented with funding from the European Union. Together nearly a third of the country has been reached by this community-based approach to reach women and newborns with essential obstetric services. The next steps are to sustain current activities and expand them across of the country—efforts that rank high on the agenda of the Ministry of Health in Guatemala.

SSO 3

"Investments Pay Off"

While the R-4 process captures year to year progress, the strategic approach for SSO3 is intended to yield broader and longer term sustainable results as the cumulative product of each year's investment of resources and effort. The 1999 review of progress under the SSO revealed that these longer horizon investments are yielding significant impact, including the following results:

- Our long term investment in children's vaccines and effective delivery systems for new and existing vaccines, and our analysis of trends in immunization coverage, helped stimulate and shape the new Global Alliance for Vaccines and Immunization and the Children's Vaccine Fund established by the Bill and Melinda Gates Foundation; G/PHN is represented on key committees of the GAVI, and the "managed introduction" process for new vaccines, whose development we led, has essentially been adopted by GAVI.
- Our long-term investment in malaria vaccines for children in LDCs has now been substantially boosted by investment from the Gates Foundation.
- Our leadership in vitamin A research and programming has led to increased commitment by UNICEF and the private sector.
- Approaches to reducing morbidity and mortality from malaria, developed and supported for the past several years by SSO 3 under the G/PHN/Africa Bureau "AIMI" Initiative, were key factors in the consensus leading to WHO's "Roll Back Malaria" Initiative, and informed the development of the Agency's Infectious Diseases Strategy and G/PHN's SSO 5.
- The non-subsidized approach to social marketing of impregnated bed nets developed under the BASICS I Project directly led to the NetMark program partnership with SC Johnson.
- Our partnership with PAHO in IMCI implementation in the America's helped generate the substantial progress that led to PAHO's launch of the "Goal 2002" Initiative, with ministerial and First Lady endorsement, to accelerate reduction of under five mortality.
- Our investment in "Uniject," along with our recommendation to its producer to target neonatal tetanus and to link up with UNICEF, has resulted in a new initiative to accelerate neonatal tetanus elimination.

The OECD adopted National Health Accounts - whose development was principally supported by SSO 3 - as guidelines for health expenditure reporting by developing countries

SSO 4

The U.S. government is the world leader in responding to the global pandemic of AIDS. Since 1986 the U.S. Government through USAID has dedicated over $1.2 billion dollars for the prevention and mitigation of this epidemic in the developing world. USAID's HIV/AIDS budget of $200 million for this year exceeds all other bilateral donors. This investment has yielded the following results:

Educating people to prevent AIDS. In the past five years, USAID, through work with host country governments and community groups, has provided intensive AIDS education and to over 25 million vulnerable men and women, helping them to reduce their risk of HIV infection. To accomplish this task, USAID has trained over 180,000 new, dedicated counselors and educators.

Reducing HIV prevalence in young adults in countries with severe epidemics. In Uganda, Dominican Republic, and Thailand – intensive HIV/AIDS programs launched after major epidemics had erupted have resulted in reductions in the numbers of new infections. In Uganda, USAID's support was instrumental in reducing the prevalence of HIV in 15-24 year olds in urban areas by 50 percent and nationally by a third.

Maintaining low HIV prevalence. In Senegal, Philippines and Indonesia, early, comprehensive HIV intervention programs supported by USAID and other donors have helped prevent a major epidemic, keeping the prevalence rate to less than 2 percent.

Increasing the distribution of condoms. USAID has provided over one billion condoms and developed new technologies to that people can protect themselves and their partners. USAID support for social marketing of condoms has increased sales by over 100 percent between 1996 and 1998 in four African countries (Kenya, Madagascar, Mozambique, and Zimbabwe). In 1999, USAID launched new social marketing programs in Eritrea, South Africa, and Haiti.

Supporting voluntary testing and counseling. In 1990, USAID provided funding for the AIDS Information Center in Uganda, the first program in Africa offering voluntary and anonymous HIV counseling and testing. In eight years, over 400,000 clients were served. USAID now supports voluntary counseling and HIV testing in more than 10 countries.

Supporting civil society groups in the fight against AIDS. In South Africa, USAID assisted the Council of South African Trade Unions to include HIV/AIDS as a key policy issue for their members. USAID has also supported religious communities and inter-faith networks critical to HIV/AIDS prevention successes.

Assisting children affected by AIDS: Globally, 25 million children have lost one or both parents to AIDS. In 10 countries in Africa, Asia, and Latin America, USAID is helping children stay in their communities by supporting extended and foster families. USAID programs assist with housing, education, health care as well as helping children cope with the psychological stress of losing a parent.

Updated Results Framework

SSO 1 Increased use by women and men of voluntary practices that contribute to reduced fertility

IR 1.1 New and Improved technologies and approaches for contraceptive methods and family planning programs
IR 1.2 Improved policy environment and increased global resources for family planning programs
IR 1.3 Enhanced capacity for public, private NGO and community-based organizations to design, implement and finance sustainable family planning programs
IR 1.4 Increased access to quality of and motivation for use of family planning and other selected reproductive health information and services

SSO 2 Increased use of key maternal health and nutrition interventions

IR 2.1 Effective and appropriate maternal health and nutrition interventions and approaches identified, developed, evaluated and/or disseminated (IDED)
IR 2.2 Improved policy environment for maternal health and nutrition.
IR 2.3 Improved capabilities of individuals, families and communities to protect and enhance maternal health and nutrition
IR 2.4 Increased access to and availability of quality maternal health and nutrition programs and services

SSO 3 Increased use of key child health and nutrition interventions

Old

IR 3.1 New and improved cost-effective interventions developed and disseminated.
IR 3.2 Improved policies and increased global, national and local resources for appropriate child health interventions.
IR 3.3 Enhanced knowledge of key child health and nutrition behaviors/practices in selected countries.
IR 3.4 Improved quality and availability of key child health/nutrition services.

Revised

IR 3.1: Coverage for current EPI vaccines and appropriate new vaccines and the control of vaccine-preventable diseases of children increased

IR 3.1.1 - Immunization delivery systems strengthened
IR 3.1.2 – Vaccine and technology development accelerated

IR 3.1.3 – New vaccines introduced into strengthened national programs
IR 3.1.4 – Disease control and eradication programming implemented

IR 3.2: PREVENTION AND APPROPRIATE TREATMENT OF DIARRHEAL DISEASES, ARI, MALARIA, AND MALNUTRITION INCREASED THROUGH IMCI.

IR 3.2.1 - Delivery of preventive and therapeutic interventions to under-served children increased in at least 10 countries
IR 3.2.2 – Key components of quality of care for children improved
IR 3.2.3 – District level implementation of child health services improved
IR 3.2.4 – Additional technical elements to increase impact developed, evaluated, and implemented

IR 3.3: PREVENTIVE, HEALTH PROMOTING, AND THERAPEUTIC APPROACHES AND INTERVENTIONS TO REDUCE ARI AND DIARRHEAL DISEASE MORBIDITY AND MORTALITY DEVELOPED, EVALUATED, AND INTRODUCED.

IR 3.3.1 - Vaccines to reduce mortality from major causes of infant/child diarrhea and pneumonia developed, field tested, and evaluated
IR 3.3.2. - Environmental and behavioral interventions to prevent childhood diarrheal disease and ARI developed, field tested evaluated, and implemented
IR 3.3.3 - Nutritional interventions to reduce childhood mortality and morbidity from diarrhea and ARI developed, field tested, and evaluated

IR 3.4: Burden of malaria-associated mortality and morbidity reduced

IR 3.4.1 - Malaria infection and illness prevented
IR 3.4.2 - Effective treatment of malaria illness increased
IR 3.4.3 - Pregnant women protected from complications due to malaria infection
IR 3.4.4 - Emergence and spread of drug-resistant malaria reduced

IR 3.5: Increased utilization of key interventions to reduce malnutrition and its contribution to child morbidity and mortality

IR 3.5.1 - Intake of vitamin A and other micronutrients improved in deficient populations
IR 3.5.2 – Prevalence of optimal breastfeeding practices improved
IR 3.5.3 – Nutrition and food security interventions improved

IR 3.6: Interventions with high impact on survival and health of newborns identified, developed, evaluated, and brought to scale

IR 3.6.1 - A package of effective interventions for neonatal health and survival defined and delivered
IR 3.6.2 - New or improved cost-effective interventions to promote neonatal

survival and health developed and evaluated

IR 3.7: Health system performance in the sustainable delivery of child survival services increased

IR 3.7.1- Improved policies, organization of services, and management for child survival increased
IR 3.7.2 - Health workers deliver child health services of higher quality
IR 3.7.3 - Commodities including drugs, vaccines, and supplies are available and appropriately used for child survival services
IR 3.7.4 - Financing for child health services is increased and more effectively used
IR 3.7.5- Information for child survival services is available and appropriately used by policymakers, managers, and consumers

I.R. 3.8: Effective tools and approaches to ensure individual and collective behaviors for increased child survival and the necessary support of institutions and policies to enable these behaviors developed and applied

IR 3.8.1- New tools and approaches to increase demand for and use of preventive and care seeking behaviors for populations at risk developed applied
IR 3.8.2 - New tools and approaches to increase the use of and demand for health services among the hard to reach and at risk populations developed and applied
IR 3.8.3 empirically based advocacy programs developed for child health initiatives
IR 3.8.4 Innovative approaches for mass media developed and tested

SSO 4 Increased Use of Improved, Effective, and Sustainable Responses to Reduce HIV Transmission and to Mitigate the Impact of the HIV/AIDS Pandemic

IR 4.1 Increased quality, availability, and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV.
IR 4.2 Enhanced quality, availability, and demand for STI management and prevention services
IR 4.3 Develop and promote approaches that address key contextual constraints and opportunities for prevention and care
IR 4.4 Strengthened and expanded private sector organizations' responses in delivering HIV/AIDS information and services
IR 4.5 Improved availability of, and capacity to generate and apply, data to monitor and evaluate HIV/AIDS/STI prevalence, trends and program impacts
IR 4.6 Develop and strengthen mechanisms to provide quality and timely assistance to partners (Regional Bureaus, Missions, Other Donors, etc.) to ensure effective and coordinated implementation of HIV/AIDS programs

SSO 5 Increased use of effective intervention to reduce the threat of infectious diseases of major public health importance

IR 5.1 New and improved cost effective infectious disease interventions developed field tested anddisseminated

IR 5.2 Policies improved and global, national and local resources for appropriate infectious diseases interventions increased

IR 5.3 Knowledge, beliefs and practices related to effective prevention and management of infectious disease enhanced

IR 5.4 Quality and availability of key infectious disease services and systems improved

Greater Horn of Africa

The Quality Assurance Project is managed by G/PHN/HN/HPSR and is implemented through a contract [HRN-C-00-96-0013] with the Center for Human Services. The contract received FY 97 funding from the GHAI in support of IR 1.5, Enhanced African Capacity to Implement Household Level Nutrition and Other Child Survival Interventions. Specific activities are:

1. Use of Quality Design Methods to Integrate Refugee and District Health Services to Strengthen Services to Refugee Affected Populations: Quality design (QD) is a methodology used in developed countries to assure that the design of a service takes into account the needs of all of the relevant stakeholders. In the West Nile area of Uganda, this methodology is being applied for the first time to integrate health and nutrition services for refugee populations with the services provided to local populations.

This activity addresses GHAI elements of African ownership, including participation by the national Ministry of Health authorities; linking relief and development.

2. Use of Quality Improvement Methods to strengthen the delivery of nutritional services in the Greater Horn: Quality improvement methods include systematically defining standards for nutrition services, monitoring health care provider compliance with those standards, and applying problem solving tools to improve compliance levels. Activities to date include:

1) development of training in quality improvement applied to nutrition services; these materials are also being adapted for use in courses offered by Makerere University in Uganda;

2) a training course to orient 14 regional nutrition experts in these techniques was conducted in November, 1999;

3) development of quality improvement interventions for vitamin A distribution and community-based nutrition programs (in Tanzania and Kenya); pre-testing of instruments was recently completed and the interventions are under way.

4) Discussions with UNICEF and World Bank representatives on incorporation of quality improvement methods in ongoing nutrition programs supported by these donors were recently conducted.

These activities address GHAI elements of African ownership, regional approaches, and strategic coordination.